## FILED May 27, 2002 8:00 am Secretary of State

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05-27-2002 90407 008 \*\*\*\*55.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L 01 00 0022608

GUPTA REAL ESTATE, LLC 967993 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For VILLAGE 00 2485 Not Applicable \$5.00 Additional Fee Required 7. Name and Address of Current Registered Agent GUPTA DO NOT WRITE Street Address (P.O. Box Number IN THIS SPACE 1900 STREASURE DR #SR N= BAY 8. The above named entity submits this statement for the purpose of changing its registered office or registered ugent, or a star in the submit of submits this statement for the purpose of changing its registered office or registered ugent, or a star in the submit of the purpose of changing its registered office or registered ugent, or a star in the submit of the purpose of changing its registered office or registered ugent, or a star in the submit of the purpose of changing its registered office or registered ugent, or a star in the submit of the purpose of changing its registered office or registered ugent, or a star in the submit of the purpose of changing its registered office or registered ugent, or a star in the submit of the purpose of changing its registered office or registered ugent, or a star in the submit of the purpose of changing its registered of the submit of the purpose of the submit of th SIGNATURE Signature, typied or priviled invite of registered agent and DATE FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS 9. Partner NITA GUPTA TILE πLE NAME NAME 6538 Collins Ave #454 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 3314 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP ITTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-\$1-ZIP TITLE IN THIS SPACE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET, ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florido Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. or printed name of signing managing member, manager, or authorized representative Daytima Phone r