


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000000154	
1. Entity Name For Someone Special, L.L.C.	

FILED

2003 OCT 10 AM 8:48

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1500 SE 3rd Court Suite, Apt. #, etc. Suite 206 City & State Deerfield Beach, FL Zip 33441 Country Broward	3. Mailing Address P.O. Box 8689 Suite, Apt. #, etc. City & State Deerfield Beach, FL Zip 33443 Country Broward
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DO NOT WRITE IN THIS SPACE

4. FEI Number 80-0030915	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Victor M. Gheresi	
	Street Address (P.O. Box Number is Not Acceptable) 1500 SE 3rd Court #206	
	City Deerfield Beach	Zip Code FL 33441

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the agent.

SIGNATURE Victor M. Gheresi Victor M. Gheresi 04/01/03
Signature, typed or printed name of registered agent, and date if applicable. DATE

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	600015551966 10/11/03-01002-011 **150.00
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9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
Victor M. Gheresi 1500 SE 3rd Court #206 Deerfield Beach, FL 33441			600015551966 04/09/03-01038-009 **50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida 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.

SIGNATURE: Victor M. Gheresi Victor M. Gheresi 04/01/03 (954) 428-8316
SIGNATURE AND TYPE OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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