

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90999 006 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000000432

1. Entity Name  
 DRAM HOLDINGS, LLC



30062795

Principal Place of Business      Mailing Address  
 2626 NW 2ND AVE.                      2626 NW 2ND AVE.  
 MIAMI, FL 33127                        MIAMI, FL 33127

2. Principal Place of Business      3. Mailing Address  
 2645 NE 207th Street                  2645 NE 207th Street

Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
 #101                                        #101

City & State                              City & State  
 Aventura, FL                              Aventura, FL

Zip    Zip    Country                                      Country  
 33180                                        33180                                        USA                                        USA



CHECK HERE IF MAKING CHANGES

4. FEI Number                              Applied For  
 01-0634461                              Not Applicable

5. Certificate of Status Desired      \$5.00 Additional  
                                      Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

SNYDER, JENNIFER SHAW ESQ.  
 345 E. COMMERCIAL BLVD.  
 FT. LAUDERDALE, FL 33334

Name  
 Jennifer S. Snyder, Esquire

Street Address (P.O. Box Number is Not Acceptable)  
 LEOPOLD, KORN & LEOPOLD, P.A.

20801 Biscayne Blvd., #501

City    Zip Code  
 Aventura                                      FL 33180

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 obligations of registered agent.

SIGNATURE: *Jennifer S. Snyder*      DATE: 3/3/03

Signature, typed or printed name of registered agent and date if applicable      (NOTE: Registered Agent's signature required when necessary)

**FILE NOW!!! FEE IS \$50.00**  
 Make Check Payable to Florida Department of State  
 Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (10/02)

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 606, Florida Statutes.

SIGNATURE: *Daniel Sawicki* MGRM      DATE: 03/11/03      (305)692-2232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Copying Phone #