## FILED Mar 17, 2003 8:00 am

## '2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1. Entity Nar	MENT # L02000( Exprendities, L.L.c.	000729			)	03-17-2003 9	•			
Principal Place of Business 48 EAST FLAGLER STREET PH-104 MIAMI FL 33131		Mailing Address 48 EAST FLAGLER STREE PH-104 MIAMI FL 33131	48 EAST FLAGLER STREET PH-104		] 					
2. Principal I	Place of Business	3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State			mber 9-0008	072		plied For	
Zip Country		Zip	Country	/	5. Certificate of Status Desired					
	6. Name and Address of Curren	t Registered Agent			7. Name a	nd Address of New Re				
				Name						
	SKOVITZ, DANIEL ESQ. EAST FLAGLER STREET			Street Address (P.O. Box Number is Not Acceptable)						
	MI FL 33131									
				City			FL	Zip Code	Э	
SIGNATURE	Signature, typed or printed name of registered agen		IOW!!! FE	gent signature require EE IS \$50.00 ida Departme			DATE			
_			ue By May							
9.	MANAGING MEMB	ERS/MANAGERS ·	10.			ADDITIONS/	CHANGES			
title Name	MANAGING MEMBER Delete SERGIO ROK		TITLE NAME					] Change	Addition	
STREET ADDRESS CITY-ST-ZIP	48 EAST FLAGLER STR MIAMI, FLORIDA 3313		- STREET	ADDRESS 1-ZIP						
TITLE Name	MANAGING MEMBER	☐ Delete	TITLE NAME					] Change	Addition	
STREET ADDRESS CITY-ST-ZIP	48 EAST FLAGLER STR MIAMI, FLORIDA 3313	EET, PH-105		Address Zip						
TITLE NAME	MANAGING MEMBER -	☐ Delete	TITLE					] Change	Addition	
STREET ADDRESS	BARRY BRODSKY 167 N.E. 39th STREE	г		ADDRESS						
CITY-ST-ZIP	MIAMI, FLORIDA 3313		CITY-ST	-ZIP					•	
TITLE NAME		☐ Delete	TITLE					] Change	☐ Addition	
STREET ADDRESS			NAME STREET	ADDRESS						
CITY-ST-ZIP			CITY-ST	1						
TITLE		☐ Delete	TITLE					] Change	☐ Addition	
NAME Street address			NAME STREET	ADDDESS						
CITY-ST-ZIP			STREET A	ı						
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			NAME					-	!	
ET ADDRESS		0	STREET A	l						
<ol> <li>I hereby of indicated limited lia</li> </ol>	certify that the information supplied with on this report is true and accurate and bility company or the seceiver or truste	n this filing does not qualify fo that my signature shall have e empowered to execute this	or the exemp the same le report as re	ition stated in Se gal effect as if n quired by Chapt	ection 119.07(3 nade under oa ter 608, Florida	3)(i), Florida Statutes. I f th; that I am a managir a Statutes.	urther certify ng member or	that the in manager	formation of the	

REGINEROR, MGRM

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/28/03

(305) 371-2248

Daytime Phone #

SIGNATURE: