


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

DOCUMENT # L02000002291	
1. Entity Name HOST DE PARIS, LTD.CO.	

DO NOT WRITE IN THIS SPACE

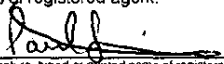
2. Principal Place of Business 1221 BRICKELL AVE Suite, Apt. #, etc. 9TH FLOOR City & State MIAMI FL Zip 33131 Country USA	3. Mailing Address 1221 BRICKELL AVE Suite, Apt. #, etc. 9TH FLOOR City & State MIAMI FL Zip 33131 Country USA
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FILED
03 SEP 18 PM 12:34
SEAL OF THE STATE
TALLAHASSEE, FLORIDA

900023308449
03/24/03--01070--006 **50.00
DO NOT WRITE IN THIS SPACE

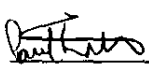
4. FEI Number 067 006432	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name A1A REGISTERED AGENT INC.	
	Street Address (P.O. Box Number is Not Acceptable) 92 SADBERRY ROAD	
	City QUINCY	FL Zip Code 32351

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 	PAUL SMITH, VICE-PRESIDENT	09-17-03
Signature, typed or printed name of registered agent and title if applicable. DATE		

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	
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9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER: FLORIDA AGENT SERVICES, INC. 1221 BRICKELL AVE 9TH FLOOR MIAMI FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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: 	PAUL SMITH, AUTHORIZED REPRESENTATIVE	09-17-03	305-674-3313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

CR2E083B (12/02)