

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

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90009 049 ****50.00

DOCUMENT # L02000002508

1. Entity Name
SUCCESS INTERNATIONAL PROPERTIES, L.L.C.



Principal Place of Business: **3440 HOLLYWOOD BLVD. STE 360 HOLLYWOOD FL 33021**
Mailing Address: **3440 HOLLYWOOD BLVD. STE 360 HOLLYWOOD FL 33021**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: **123 SE 3rd Ave**
Suite, Apt. #, etc.: **225**
City & State: **MIAMI FL**
3. Mailing Address: **123 SE 3rd Ave**
Suite, Apt. #, etc.: **225**
City & State: **MIAMI FL**

4. FEI Number: **80-0033551**
Applied For: Not Applicable

Zip: **33131** Country: **USA**
Zip: **33131** Country: **USA**

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

6. Name and Address of Current Registered Agent
ROTH, LEONARDO A ESQ.
3440 HOLLYWOOD BLVD.
STE 360
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent
Name: **FERNANDO GRINBERG**
Street Address (P.O. Box Number is Not Acceptable): **123 SE 3rd Ave**
APT 225
City: **MIAMI** FL Zip Code: **33131**

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: *[Signature]* DATE: **3/26/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRINBERG, FERNANDO 123 SE 3RD AVE., APT. 225 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE: **3/26/03**
SIGNATURE REQUIRED

CR2E083 (10/02)