2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 15, 2003 8:00 am Secretary of State

DOCU 1. Entity Nar	A		04-15-2003 90032 020 ****50.00							
CAMI'S OF BROWARD, LLC										
Principal Place of Business			Mailing Address							
6903 W. BROWARD BLVD. PLANTATION FL 33317			6903 W. BROWARD BLVD. PLANTATION FL 33317							
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2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Num	ber - 005 2221		Applied For Not Applicable	
Zip Country		ountry	Zip Country					¬ \$5.00 A		
6. Name and Address of Curren		Address of Current Re	edistared Agent		ा च े के च ित्र	7. Name and Address of New Registered Agent				
					Name ·					
CHMELIR, CHARLES J 6903 W. BROWARD BLVD.				Street Address (P.O. Box Number is Not Acceptable)						
PLA	ANTATION FL 3:	3317								
 	City									
	e named entity sub tions of registered		e purpose of changing its re	gistered office or	r registered	l agent, or b	oth, in the State of Florida.	I am familiar wit	h, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
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/CHA	NGES		
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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 firmited flability company or the receiver or trustee empowered to secure this economic as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date