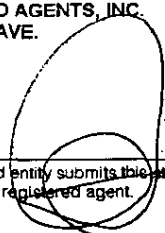


FILED  
May 05, 2003 8:00 am  
Secretary of State

05-05-2003 92176 011 \*\*\*\*50.00

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

<b>DOCUMENT # L02000004166</b>			
1. Entity Name <b>PALAZZO ESTATES GROUP, LLC</b>			
Principal Place of Business C/O AGI REGISTERED AGENTS, INC. 1200 BRICKELL AVE., SUITE 900 MIAMI, FL 33131		Mailing Address C/O AGI REGISTERED AGENTS, INC. 1200 BRICKELL AVE., SUITE 900 MIAMI, FL 33131	
2. Principal Place of Business <i>1110 Brickell Ave.</i>		3. Mailing Address <i>1110 Brickell Ave.</i>	
Suite, Apt. #, etc. <i>Suite 504</i>		Suite, Apt. #, etc. <i>Suite 504</i>	
City & State <i>Miami, FL</i>		City & State <i>Miami, FL</i>	
Zip <i>33131</i>	Country <i>USA</i>	Zip <i>33131</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent  AGI REGISTERED AGENTS, INC. 1200 BRICKELL AVE. SUITE 900 MIAMI, FL 33131		4. FEI Number <i>75-3013240</i>	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
		Applied For Not Applicable	
		7. Name and Address of New Registered Agent Name <i>Robert Thorne</i> Street Address (P.O. Box Number is Not Acceptable) <i>1110 Brickell Ave, Suite 504</i> City <i>Miami</i> FL Zip Code <i>33131</i>	
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  (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE <i>4/28/03</i>			
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	MGR BARON, ELI 1676 Micanopy Way MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete	10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THORNE, ROBERT F 1110 BRICKELL AVE., SUITE 604 MIAMI, FL 33131 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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 606, Florida Statutes.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date <i>4/28/03</i> (305) 424-0770 Daytime Phone #			

CR2E083 (10/02)