2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000004817

1. Entity Name

NIPOJEVE, L.L.C.



FILED Jan 14, 2003 8:00 am Secretary of State 01-14-2003 90039 018 ****50.00

	Principal Place	e of Business	Mailing Address	Mailing Address						
Suite, Apt. #, etc. City's State	7010 SOUTHWEST 48TH LANE MIAMI FL 33155									
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S. Certificate Or Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Name Name Name Name Name Name City FL Zip Code City FL	City & State		City & State	City & State		4. FEI Num	0567592			
Name	Zip	Country	Zip	Zip Counti		5. Certifica	5. Certificate of Status Desired \$5.00 Additional Fee Required			
THOMAS G. SERMAN, ESQ, P.A. 218 ALMERIA AVE. CORAL GABLES FL 33134 City FL Zip Code City FL Zip Code 6. 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 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 with a flagification or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent with a flagification or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE THE NOW!!! FEE IS SO.00 Make Check Payable to Florida Department of State Due By May 1, 2003 THE NOW!! FEE IS SO.00 Make Check Payable to Florida Department of State Due By May 1, 2003 THE NOW IN THE NOW!! FEE IS SO.00 MAKE AGRICATION OF ADDITIONS/CHANGES THE NOW IN THE N	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
218 ALMERIA AVE. CORAL GABLES FL 33134 Strock Address (P.O. Box Number is Not Acceptable) City FL Zip Code City City FL City FL	TUA	MAC O CUEDUANI ECO DA	mariant capitalisms and s	-Name		يغ ر چمست سيساد	to a second and a			
S. 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 Pagestered agent and the flapolicable Pagestered Agent Engineerie required sheet nentating) DATE	218	ALMERIA AVE.	.			Street Address (P.O. Box Number is Not Acceptable)				
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. 1 am familiar with, and accept the depicts of registered agent. FILE NOW!!! FEE IS \$50.00					City			Zip Coo	ie	
SIGNATURE Symature, typed or printed name of regatered agent and 16 of applications NOTE: Registered Agent Rejosure required when rentatifing) DATE			ent for the purpose of changing i	its register	d office or regist	tered agent, or b		miliar with,	and accept	
S. MANAGING MEMBERS MANAGERS 10.0 Make Check Payable broirda Department of State 9. MANAGING MEMBERS MANAGERS 111 LE NAME STREET ADDRESS CITY-ST-2P TITLE NAME	CICNATURE									
Make Check Payable to Florida Date May 1, 2003		Signature, typed or printed name of registered	d agent and title if applicable. (NO	O1E: Registere	d Agent signature requi	red when reinstating)	DAIE	<u></u>		
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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:

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE