

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

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90003 007 ****55.00

DOCUMENT # L02000005083



1. Entity Name
ARCOSTREAM LLC

Principal Place of Business Mailing Address
4342 SHERIDAN AVENUE 4342 SHERIDAN AVENUE
#4 #4
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140
US US

2. Principal Place of Business # 3. Mailing Address
2642 Collins Ave #205 *2642 Collins Ave*
Suite, Apt. #, etc. Suite, Apt. #, etc.
205 *205*

City & State City & State
Miami Beach, FL *Miami Beach, FL*
Zip Country Zip Country
33140 *USA* *33140* *USA*



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
02-0554408 Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ROCHA, ELIAS M
3300 NORTHEAST 192ND STREET
418
AVENTURA FL 33180

7. Name and Address of New Registered Agent
Name *David Mandlowitz*
Street Address (P.O. Box Number is Not Acceptable)
2642 Collins Ave #205
City *Miami Beach* FL Zip Code *33140*

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 *David Mandlowitz* *David Mandlowitz* *2/24/03*
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAINT CLAIR HOLDINGS, INC. <input checked="" type="checkbox"/> Delete 3300 NORTHEAST 192ND STREET, #418 AVENTURA FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete LOEWENSTEIN, TODD R 2116 ROCKEFELLER LANE, UNIT C REDONDO BEACH CA 90278
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete COMINI, AL 1111 MAXWELL AVE#105 BOULDER CO 80304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete MANDLOWITZ, DAVID 4342 SHERIDAN AVENUE #4 MIAMI BEACH FL 33140
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	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Mandlowitz, David</i> <i>2642 Collins Ave #205</i> <i>Miami Beach, FL 33140</i>
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: *David Mandlowitz* *2/24/03* *305.742.8095*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)