

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90575 050 ****55.00

DOCUMENT # L02000005323
1. Entity Name Lost River Properties, L.L.C.

DO NOT WRITE IN THIS SPACE	
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2. Principal Place of Business 7601 SW Lost River RD Suite, Apt. #, etc.	3. Mailing Address 7601 SW Lost River RD Suite, Apt. #, etc.
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City & State Stuart, FL Zip 33496 Country USA	City & State Stuart, FL Zip 33496 Country USA
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4. FEI Number 01-0646133	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE	
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7. Name and Address of Current Registered Agent	
Name Perlstein, Arnold Esq	
Street Address (P.O. Box Number is Not Acceptable) 4801 S University Dr	
2nd Floor	
City Davie, FL	Zip Code 33328

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>
DATE _____

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	
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9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Stuart International Corp 7601 SW Lost River RD Stuart, FL 33496	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 5/26/03 Daytime Phone #

CR2E083B (12/02)