

*** AMENDED ***

UNIFORM BUSINESS REPORT (UBR)

05-06-2003 90064 029 *****55.00
09-26-2003 90004 018 *****55.00
L02000008027

FILED

03 SEP 29 AM 9:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MMJW

DOCUMENT # **L02000008027**

1. Entity Name
STEP, L.L.C.



Principal Place of Business Mailing Address
888 S.E. THIRD AVENUE, SUITE 400 FORT LAUDERDALE FL 33316

2. Principal Place of Business 3. Mailing Address
2032 NE 155 Str. 2032 NE 155 Str.

City & State City & State
North Miami Beach, FL North Miami Beach, FL
Zip Country Zip Country
33162 US 33162 US

9/29 CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For
55-0828508 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
**OMAROV, ZAKIR
2032 NE 155 STREET
NORTH MIAMI BEACH FL 33162**

7. Name and Address of New Registered Agent
Name **Allan M. Stein esq.**
Street Address (P.O. Box Number is Not Acceptable)
18260 NE 19th Avenue
City **North Miami Beach FL** Zip Code **33162**

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 *[Signature]*

9/24/03.

Signature, typed or printed name of registered agent and date 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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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 checked="" type="checkbox"/> Addition MGRM Ivetta Golovneva 2032 NE 155 Str. NMB, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR Inga Bemman 2032 NE 155 Str. NMB, FL 33162
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

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: *[Signature]*

09/23/2003 305-944-1020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #