



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

05-05-2003 91434 043 \*\*\*\*50.00

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

30069808

<b>DOCUMENT # L02000008124</b>		
1. Entity Name <b>ULTIMATE CONCIERGE, LLC</b>		
Principal Place of Business 9011 S. DADELAND BLVD., SUITE 1102 MIAMI, FL 33156		Mailing Address 9011 S. DADELAND BLVD., SUITE 1102 MIAMI, FL 33156
2. Principal Place of Business 9100 S Dadeland Blvd Suite, Apt. #, etc. 1102 City & State Miami, FL Zip 33156	3. Mailing Address 9100 S. Dadeland Blvd Suite, Apt. #, etc. 1102 City & State Miami, FL Zip 33156	 <input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES
Country USA	Country USA	
4. FEI Number 71-0879126		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent LAMCHICK, BRUCE 9130 S. DADELAND BLVD., SUITE 1101 MIAMI, FL 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code
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: <i>[Signature]</i> DATE: 4/30/03		
FILE NOW!!! FEB IS 450.00 Make Check Payable to Florida Department of State Due By May 1, 2003		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
		Stuart L. Cauff 9100 S Dadeland Blvd #1102 Miami FL 33156
		<input type="checkbox"/> Change <input checked="" 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: <i>[Signature]</i>		DATE: 4/30/03 (305)670-9944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE

CR20E088 (10/02)