2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000008685

FILED
03 APR 28 AM 8:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Entity Name

LOVE LAND LLC

Principal Place of Business	Mailing Address
~~200 SOUTH BISCAYNE BLVD., SUITE 4815-A MIAMI FL 33131~~	~~200 SOUTH BISCAYNE BLVD., SUITE 4815-A MIAMI FL 33131~~

2. Principal Place of Business	3. Mailing Address
782 N.W LeJeune Rd	782 N.W. LeJeune Rd
Suite, Apt. #, etc.: 650	Suite, Apt. #, etc.: 650
City & State: Miami FLA	City & State: Miami Fla
Zip: 33126 Country: U.S.A.	Zip: 33126 Country: U.S.A

4/28 ☐ CHECK HERE IF MAKING CHANGES MJM

4. FEI Number: 04-3687164 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~SALUSSOLIA, PIERO~~ ANTONIO D. JACOMINO ~~200 SOUTH BISCAYNE BLVD., S UITE 4815-A~~ ~~MIAMI FL 33131~~ 782 N.W. LeJeune RD STE 650, MIAMI, FLA 33126	Name: ANTONIO D. JACOMINO Street Address (P.O. Box Number is Not Acceptable): 782 N.W. LeJeune Rd STE 650 City: MIAMI FL Zip Code: 33126

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 _____ 4/22/03
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			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PATRONE, ALFREDO 782 N.W. LeJeune Rd ~~200 SOUTH BISCAYNE BOULEVARD, SUITE 4815-A~~ STE 650 MIAMI FL ~~33131~~ 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CAPRO, ALESSANDRO 782 N.W. LeJeune Rd ~~200 SOUTH BISCAYNE BOULEVARD, SUITE 4815-A~~ 650 MIAMI FL ~~33131~~ 33126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CAPRA, ALESSANDRO 782 N.W. LeJeune Rd STE 650 MIAMI, FLA 33126 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	900017129929 04/28/03--01028--003 **50.00 ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 4/22/03