


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90408 039 *****50.00

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

DOCUMENT # L02000008793

1. Entity Name
LE PETITE ZOO, LLC



Principal Place of Business
 1155 NW 125 CT.
 MIAMI, FL 33182

Mailing Address
 1155 NW 125 CT.
 MIAMI, FL 33182

2. Principal Place of Business
18451 PINES BLVD

3. Mailing Address

Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL

City & State

Zip
33029

Country
DELAWARE

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number
01-0669591

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SANCHEZ, DEBORAH
 1155 NW 125 CT.
 MIAMI, FL 33182

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
MGR	SANCHEZ, DEBORAH	1155 NW 125 CT.	MIAMI, FL 33182	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *D. Sanchez* **4-17-03** **(954) 447-9155**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)