LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000008847

1. Entity Name

TAMAYO-ZIGHELBOIM GROUP, LLC



FILED SECRETARY OF STATE DIVIDIDE OF PORATIONS

03 DEC 19 PM 5: 29

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2. Principal Place of Business 1675 MARKET STREET	3. Mailing Address 1675 MARKE	T STREET		DO NOT WRITE IN THIS SPACE		
Suite, Apt. #, etc. SUITE 215	Suite, Apt. #, etc. SUITE 215					
City & State WESTON, FLORIDA	City & State WESTON, FL	.ORIDA	4. FEI Number		Not Applicable	
Zip Country 33326 USA	^{Zip} 33326	Country USA	5. Certificate of Status Desired	Ø	\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent					
Name YRENE TAMAYO					
Street Address (P.O. Box Number is Not Acceptable)					
1675 MARKET STREET, SUITE 215					
City WESTON	FL	Zip Code 33326			

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. 12/01/2003

SIGNATURE

FEE IS \$50.00

Make Check Payable to Florida Department of State DUE BY MAY 1

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9.	MANAGING MEMBERS/MANAGERS	Т.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	YRENE TAMAYO, MGRM 1675 MARKET STREET, SUITE 215 WESTON, FLORIDA 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NORA ZIGHELBOIM, MGR 1675 MARKET STREET, SUITE 215 WESTON, FLORIDA 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	i i	CITY-ST-ZIP	ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

11. I hereby certify that the information supplied with this filling 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.

SI	G	N	ΔΊ	CH I	IR	E:

MANAGING MEMBER

12/01/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #



Confidential

December 1st 2003

Reinstatement Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Del Friend & Associates, Inc.

Re: TAMAYO-ZIGHELBOIM GROUP, LLC Charter# L02000008847

To Whom It May Concern:

The taxpayer and I respectfully request that the State of Florida abate the reinstatement fees associated with this late filing. Tamayo-Zighelboim Group, LLC has recently retained my firm to handle their corporate accounting and tax service. I notified the taxpayer that their annual Uniform Business Report for the year of 2003 was not timely filed. Tamayo-Zighelboim Group, LLC informed me that 1) they had no recollection of any annual report-filing requirement and 2) they received no notification regarding such annual filing. The Tamayo-Zighelboim Group, LLC is deeply sorrowful and asks of your consideration in accepting their apology.

I stressed the importance of this annual filing and made my client aware of its purposes. Now that the taxpayer is mindful of this required annual filing, taxpayer will file on a timely basis.

Enclosed you will find the taxpayer's payment of \$55.00 for their 2003 Uniform Business Report. Under these circumstances, we once again respectfully request that you abate any reinstatement fees. My client fully intends to keep this corporation active. If you should have any questions please contact me directly. I would like to thank you in advance for your attention to this matter.

If you have any questions or would like further explanation or documentation please do not hesitate phone me @ 954-704-1040 or 954-682-1120.

Sincere egards

Joel Friend, MAcc/Professor Joel Friend & Associates, Inc. Sincere regards,

Yrene Tamayo, Managing Member Tamayo-Zighelboim Group, LLC

> www.joelfriend.com 20871Johnson Street, Suite 103 Pembroke Pines, Florida 33029 Tel: 954-704-1040 • Fax: 954-919-7001