

FILED
Jun 13, 2003 8:00 am
Secretary of State

05-02-2003 90581 012 ****50.00

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

DOCUMENT # L02000009373

1. Entity Name
 7101 COLLINS, L.L.C.

44004289

Principal Place of Business
 7101 COLLINS AVENUE
 MIAMI BEACH, FL 33141

Mailing Address
 7101 COLLINS AVENUE
 MIAMI BEACH, FL 33141

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 244 MADISON AVE
 PMB 344
 City & State
 N.Y. N.Y.
 Zip
 10076 Country
 U.S.A.



CHECK HERE IF MAKING CHANGES

4. FEI Number
 01-0689499 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 GOTTLIEB, BRUCE M
 126 NORTH 48 AVENUE
 HOLLYWOOD, FL 33021

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

I, the above named entity submit 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 required for printed name of registered agent and only if applicable. (NOTE: Registered Agent signature required unless otherwise indicated.)

MANAGING MEMBERS / MANAGERS		ADDITIONS / CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOLDENBERG, MATHIEU		NAME	
STREET ADDRESS 7101 COLLINS AVENUE		STREET ADDRESS	
CITY-STATE-ZIP MIAMI BEACH, FL 33141		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

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 partner or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/21/03 ✓ 917-225-2224

OFFERORS (10/02)