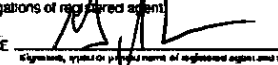
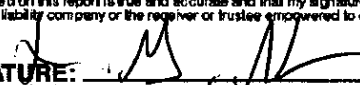


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91004 017 ****50.00

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

DOCUMENT # L02000010011			
1. Entity Name ULTIMATE DEVELOPMENT, LLC			
Principal Place of Business 2829 BIRD AVE., STE. 309 MIAMI, FL 33133		Mailing Address 2829 BIRD AVE., STE. 309 MIAMI, FL 33133	
2. Principal Place of Business 2800 Biscayne Suite, Apt. #, etc. #300 City & State Miami FL Zip 33137 County US		3. Mailing Address 2800 Biscayne Blvd Suite, Apt. #, etc. #300 City & State Miami FL Zip 33137 County US	
		4. FEI Number 01-0675074 Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROLLNICK, NEIL S 2801 SOUTH BAYSHORE DR., STE. 1600 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Greggory S. Scovin Street Address (P.O. Box Number is Not Acceptable) 2800 Biscayne Blvd City Miami State FL Zip 33137	
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 date if applicable. (NONE: Registered Agent's signature required when not using)			
			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGR M Greggory Scovin 2800 Biscayne Blvd	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS 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)(f), 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 806, Florida Statutes.			
SIGNATURE:  DATE _____ DAYTIME PHONE # _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CPRE083 (10/02)