2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)



1. Entity Name SANIRENT FLORIDA LLC						FILED 03 MAY -5 PM 12: 20				
Principal Plac 2665 S. BAYSH MIAMI FL 33133	ore drive. Suite 703	Mailing Address 2665 S. BAYSHORE DRIVE. SUITE 703 MIAMI FL 33133		03		SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State				4. FEI Num 42-15	nber 35607			oplied For
Zip	Country	Zip	Zip Country		-		ate of Status Desired		\$5.00 Add	ditional
	6. Name and Address of Curre	ent Registered Agent				7. Name a	nd Address of New	Registered	Agent	
WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 703 MIAMI FL 33133				Name Street Ad	ddress (P.O. Box Number is Not Acceptable)					
				City				Fl	Zip Cod	e
SIGNATURE .	ions of registered agent. Signature, typed or printed name of registered ag		IOW!!!	d Agent signatu FEE IS \$! Orida Dep	50.00	- -		DATE		
		· -		ay 1, 2003						•
9.	MANAGING MEM	IBERS/MANAGERS	10.				ADDITIONS	/CHANGE	<u>s</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEGEWISCH, GUSTAVO 2665 SOUTH BAYSHORE DRI MIAMI FL 33133	Delete VE, SUITE 703		,					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AREVALO, JASON 2665 SOUTH BAYSHORE DRI MIAMI FL 33133	VE, STE. 703			2665	S. Bay	ricio Baez yshore Drive rida 33133	e, Sui	□ Change te 703	_ X Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- 1					☐ 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.

RE REQUIMATE Cio Gomez Baez 4/17/03v (305) 858-9900 SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #