


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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90252 007 ****55.00

DOCUMENT # L02000011677			
1. Entity Name Ferrell Group Corporate Services, L.L.C.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 201 S. Biscayne Blvd.		3. Mailing Address 201 S. Biscayne Blvd.	
Suite, Apt. #, etc. 34th Floor		Suite, Apt. #, etc. 34th Floor	
City & State Miami		City & State Miami	
Zip 33131	Country USA	Zip 33131	Country USA
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Ferrell Schultz Carter Zumpano & Fertel, Attn. Secretary			
Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd., 34th Floor			
City Miami		FL Zip Code 33131	
DO NOT WRITE IN THIS SPACE			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
		FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager: Ferrell Schultz Carter Zumpano & Fertel, P.A., 201 S. Biscayne Blvd., 34th Floor Miami, FL 33131	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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.			
SIGNATURE: <i>Mary C. Castiglione</i>		4-15-03 305-371-8585	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <i>Mary C. Castiglione</i>		Date Daytime Phone #	

CR2E083B (12/02)