

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90151 012 ****50.00

DOCUMENT # L02000012055

1. Entity Name

LAURUS PARTNERS, LLC



Principal Place of Business

385 PACIFIC ROAD
KEY BISCAYNE FL 33149
US

Mailing Address

385 PACIFIC ROAD
KEY BISCAYNE FL 33149
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0606940

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BORGANOVO, MAURICIO
385 PACIFIC ROAD
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		MGRM MAURICIO R. BORGONOVO	
STREET ADDRESS		385 PACIFIC ROAD	
CITY-ST-ZIP		KEY BISCAYNE, FL 33149	
TITLE	<input type="checkbox"/> Delete	MGRM NELSON J. URDANETA	<input checked="" type="checkbox"/> Addition
NAME		1865 BRICKELL AVE. # 2009	
STREET ADDRESS		MIAMI, FL 33129	
CITY-ST-ZIP		MGRM ALEJANDRO REYNAL	<input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	1302 ASHFORD AVE. # 2502	
NAME		SAN JUAN, PR 00907	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

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

3/12/03

Date

(305) 401-7009

Daytime Phone #

CR2E083 (10/02)