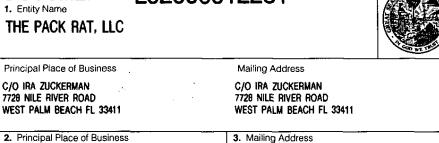
## **FILED** May 06, 2003 8:00 am Secretary of State

## 05-06-2003 90062 012 \*\*\*\*55.00

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

DOCUMENT # L02000012261



BEACH FL 33411	3. Mailing Address			AN AAN AAN AAN AAN	11 <b>010</b> 11 <b>010</b> 11010 01101 1101 1001		
Place of Business			THE PROPERTY OF THE PROPERTY O				
Suite, Apt. #, etc. Suite, Apt. #, etc.		•	CHECK HERE IF MAKING CHANGES				
e	City & State				Applied For Not Applicable		
Country	Zip	Country	5. Certificate of Status	Desired 🕱	\$5.00 Additional Fee Required		
6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent				
KERMAN IRA		Name	4				
C/O IRA ZUCKERMAN		Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
ST PALM BEACH FL 33411							
		City		F	Zip Code		
named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office or regi	stered agent, or both, in the S	state of Florida. I an	n familiar with, and accept		
1 **				• *			
Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: I	Registered Agent signature red	uired when reinstating)	DATE			
	to Florida Departi	I i	·_				
MANAGING MEMBERS/MANAGERS 10.		10.	ADDITIONS/CHANGES				
MGR 1RA ZUCKERMAN 7728 NILE RIVER RD W.P.B., Fl. 33411	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition		
	Country  Cou	#, etc. Suite, Apt. #, etc.  E Country Zip  Country Zip  Country Zip  CKERMAN, IRA  IRA ZUCKERMAN  B NILE RIVER ROAD  ST PALM BEACH FL 33411  Inamed entity submits this statement for the purpose of changing its relicions of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  (NOTE:  FILE NOTE:  MANAGING MEMBERS/MANAGERS  Delete  TYZQ N/LE RIVER RD	#, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Amne  CKERMAN, IRA  IRA ZUCKERMAN  B NILE RIVER ROAD  ST PALM BEACH FL 33411  City  In named entity submits this statement for the purpose of changing its registered office or regisions of registered agent.  Signature, typed or printeg name of registered agent and title if applicable.  FILE NOW!!! FEE IS \$50.0  Make Check Payable to Florida Departer  Due By May 1, 2003  MANAGING MEMBERS/MANAGERS  10.  AGG-  I AL ZUCKERMAN  TYZQ N/LE RIVER RD  Suite, Apt. #, etc.  City  Country  Country  Name  Name  Name  Name  Name  Name  Delete  ITILE  NAME  STREET ADDRESS	# etc.   Suite, Apt. #, etc.   CHECK    Country   Zip   Country   S. Certificate of Status	#, etc.   Suite, Apt. #, etc.   CHECK HERE IF MAKIN  e   City & State   4. FEI Number    Country   Zip   Country   5. Certificate of Status Desired    Country   Towns and Address of Current Registered Agent   7. Name and Address of New Registered Agent    CKERMAN, IRA   IRA ZUCKERMAN   Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)    City   File   File		

		Due By May 1, 2003				
9.	MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANG		ES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 1RA ZUCKERMAN 7728 NILE RIVER RD W.P.B., Fl. 33411	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

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**