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

FILED May 05, 2003 8:00 am Secretary of State

DOCUMENT # L02000013709 1. Entity Name Little Castle, LLC						05-05-2003	3 92169 030	0 ****55.00
	DO NOT WE	RITE IN THIS SF	AC					
Principal Place of Business SE 3rd Ave, 11th Floor Suite, Apt. #, etc.		3. Mailing Address 1 SE 3rd Ave, 11tl Suite, Apt. #, etc.	1 SE 3rd Ave, 11th Floor			DO NOT WRITE	EIN THIS SPACI	E
City & State Miami		City & State Miami	Miami		4. FEI Number	04-3703231		Applied For Not Applicable
Zip 33131	Country	33131	Country			f Status Desired	Fee F	00 Additional Required
					7. Name and Address of Current Registered Agent uni, Alberto Esq.			
DO NOT WRITE :					P.O. Box Number is Not Acceptable)			
				495 South S	hore Drive			
	in the state of th		City Miami Beach		<u> </u>	FL 3	tip Code 33141	
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 regis		EE IQ	\$50.00			DATE	
		Make Check Payabl	e to Flo	* F	nt of State			
9.		G MEMBERS/MANAGERS					Carl X.*	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member/Manager	Sznajderman, Mario R. 1 SE 3rd Ave, 11th Floor Miami, FL 33131	2.275/6/2					MA3R (12/0
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			CO. 117	SET DE MEDITOR DE LA COLONIA				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			2 2 1 2 1					
11. I hereby of indicated	on this report is true and accu	plied with this filing does not qualify for urate and that my signature shall have the or trustee empowered to execute this re	the exer	nption stated in Sec legal effect as if m	ade under oath; t	hat I am a managin	urther certify that og member or m	at the information nanager of the