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Apr 24, 2003 8:00 am
Secretary of State
04-11-2003 90550 009 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000014008

1. Entity Name
N.A.P.D., L.L.C.

Principal Place of Business	Mailing Address
3789 N.E. 209TH TERRACE AVENTURA, FL 33180	3789 N.E. 209TH TERRACE AVENTURA, FL 33180

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 800439 Suite, Apt. #, etc.
City & State	City & State: AVENTURA - FLORIDA
Zip / Country	Zip: 33280-0439 / Country: U.S.A.

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 82-0547579 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEREDNIK, DANIEL 3789 N.E. 209TH TERRACE AVENTURA, FL 33180	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILING FEE & FLORIDA PROCESSING FEE TOTAL $150.00 MUST BE RECEIVED BY DEPARTMENT BY 1ST BUSINESS DAY IN MAY

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PEREDNIK, DANIEL 3789 NE 209TH TERRACE AVENTURA, FL 33180 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PEREDNIK, MARIA JULIA 3789 NE 209TH TERRACE AVENTURA, FL 33180 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGRM~~ ~~PEREDNIK, EMILIO~~ ~~3789 NE 209TH TERRACE~~ ~~AVENTURA, FL 33180~~ ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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, trustee or other court authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X _____ 04-07-03 786-586-3648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #