## FILED Jun 09, 2003 8:00 am Secretary of State

5/1/4

| 2003 LIMITED LIABILITY COMPA |    |
|------------------------------|----|
| UNIFORM BUSINESS REPORT (U)  | 8R |
|                              |    |

| UN  | HEORM BUSIN  | E22 KELOK                               | I~{U           | וחפ                     |                     | Secre                       | •                           |                             |                         |
|---|--|---|----------------|-------------------------|---------------------|-----------------------------|-----------------------------|-----------------------------|-------------------------|
| 1. Entity Nam   | MENT # LO2000<br>TATES BEACH SOCCER A  |   |                |                         |                     | 05-01-200                   | 3 90084                     | · 032 ***                   | **50.00                 |
| ļ   |  | A - M - A - A - A - A - A - A - A - A - | l_             | W WITH                  |                     | 4400                        | 1085                        |                             |                         |
| Principal Place of Business Malling Address 3915 PONCE DE LEON BLVD 2ND FLOOR 3915 PONCE DE LEON BLVD |  |   | rd., 2ND Fl    | OOR                     |                     | \$400.                      | 1010                        |                             |                         |
|   |  | CORAL GABLES FL 33134                   |                |                         |                     |                             |                             |                             |                         |
| i   |  |   |                |                         | 4                   |                             | 1                           |                             |                         |
| 2. Principal Place of Business 3. Malling Address   |  |   |                |                         |                     |                             |                             |                             |                         |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |  |   |                |                         |                     | CHECK HERE IF               | MAKING (                    | CHANGES                     |                         |
| City & State  | 18   | City & State                            |                |                         | 4. FEI Num          | ber                         |                             | <u></u>                     | plied For               |
| 7:-   | Country  | Zip                                     | Zip Country    |                         |                     |                             | <u> </u>                    |                             | ot Applicable           |
| Zip ·   | <u> </u>   | ر جو حت ر سارد                          |                |                         |                     | te of Status Desired        |                             |                             | <u> </u>                |
|   | 6. Name and Address of Curre   | nt Registered Agent                     |                | Name                    | 7, Name at          | nd Address of New Reg       | isreien võ                  | ent                         |                         |
|   | BO, PAUL   |   |                | Street Address (        | P.O. Box Num        | ber is Not Acceptable)      |                             |                             |                         |
|   | 5 PONCE DE LEON BLVD., 2ND<br>IAL GABLES FL 33134  | FLOOR                                   | -              |                         |                     |                             |                             |                             |                         |
| i   |  |   | -              | City                    |                     | -                           | <b>-</b>                    | Zip Code                    |                         |
|   |  | 164                                     | <u></u>        | City                    |                     | - 1 to 4 - Otate of Flori   | FL                          | l                           |                         |
|   | named entity submits this statementions of registered agent.   | t for the purpose of changing its       | registered     | office or register      | ed agent, or t      | oth, in the State of Florid | UBL IBETTER                 | THEE WILL,                  | and accept              |
| SIGNATURE .   | -  |   |                |                         | T. 1                |                             | DATE                        | <u> </u>                    |                         |
| ,   | Signature, typed or printed name of registered ag  |   |                | gent signature required | (Wilder (Grandford) |                             | <u> </u>                    |                             |                         |
|   |  | Make Check Payab                        |                |                         | nt of State         |                             |                             |                             |                         |
| 9.  | MANAGING MEN   | BERS/MANAGERS                           | 10.            |                         |                     | ADDITIONS/C                 |                             |                             |                         |
| TITLE   | PRESIDENT  | ☐ Delete                                | TITLE<br>NAME  |                         |                     | i .                         |                             | Change                      | Addition                |
| NAME<br>STREET ADORESS  | PAUL DELPAO<br>3915 PONCE DEL  | LOW RID SAID KAD                        |                | ADDRESS                 |                     |                             |                             |                             |                         |
| CITY-ST-ZIP   | CORDI SABUES   | H. 33134                                |                | T- ZIP                  | <u> </u>            |                             |                             |                             | ☐ Addition              |
| TITLE   | ,  | ☐ Delete                                | TITLE          |                         |                     | •                           | l                           | ☐ Change                    | C) Addition             |
| STREET ADDRESS  |  |   |                | ADDRESS                 |                     |                             |                             |                             |                         |
| CTTY-ST-ZIP   |  | ☐ Detete                                | CITY-S         | T-ZIP                   |                     |                             | <del>-, -</del>             | Change                      | ☐ Addition              |
| NAME  |  | Li Despie                               | NAME           |                         |                     |                             |                             |                             |                         |
| - STREET ADDRESS:<br>City-St-Zip  | والمستحدد والمستحدد والمستحدد والمراجع والمستحدد   | in the same state of the same and       | CITY-S         | ADDRESS T-ZIP           |                     | 1                           |                             |                             |                         |
| TITLE   |  | ☐ Delete                                | , TITLE        |                         | <del></del>         |                             |                             | Change                      | Addition                |
| NAME  | <b>)</b> :   |   | NAME           | ADORESS                 |                     |                             |                             |                             |                         |
| STREET ADDRESS<br>CITY-ST-ZIP   | 1  |   | CITY-S         |                         |                     |                             |                             |                             |                         |
| TITLE   |  | Oelete                                  | TITLE          |                         |                     |                             |                             | Change                      | ☐ Addition              |
| NAME<br>PROFES ADDOCES  | ł  |   | NAME<br>Street | ADDRESS                 |                     |                             |                             |                             |                         |
| STREET ADDRESS<br>CITY-ST-ZIP   |  |   | CITY-S         |                         |                     |                             |                             |                             |                         |
| TITLE   |  | Delete                                  | TITLE          |                         |                     |                             |                             | Change                      | Addition                |
| NAME<br>STREET ADDRESS  |  | •                                       | NAME<br>STREET | ADDRESS                 |                     |                             |                             |                             |                         |
| CITY-ST-ZIP   |  |   | CITY-S         |                         |                     |                             |                             |                             |                         |
|   | certify that the information supplied on this report is true and accurate ability company of the receiver or tru |   |                |                         |                     |                             | further certil<br>ng member | ly that the ir<br>or manage | nformation<br>ir of the |
|   |  |   |                | ) A                     | 1/20                | 1                           | 05.                         | 772-0                       | ) <del>}</del> 21.      |
| SIGNAT  | TURE:  | TO POSSESS BLANKING MEMBER, MA          | NAGER, OR A    | UTHORIZED REPRESE       | T / C C             | Date                        |                             | rime Phone #                |                         |
| •   | 2  |   |                |                         |                     |                             |                             |                             |                         |