
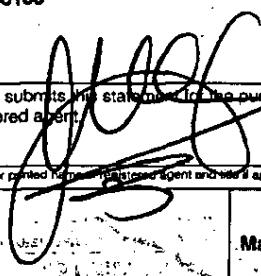
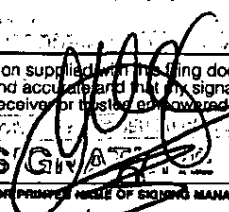


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

2/1

02-17-2003 90010 003 ****50.00

DOCUMENT # L02000015149			
1. Entity Name WEST DIXIE LLC		Principal Place of Business 19495 BISCAYNE BOULEVARD, SUITE 400 AVENTURA FL 33180	
2. Principal Place of Business 21010 W. Dixie Hwy		Mailing Address 21010 W. DIXIE HWY MIAMI FL 33180	
3. Mailing Address Suite, Apt. #, etc.		City & State MIAMI FL	
4. FEI Number 41-2087035		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		City & State MIAMI FL	
6. Name and Address of Current Registered Agent GREENSPAN, STEVEN A ESQUIRE 19495 BISCAYNE BOULEVARD, SUITE 400 AVENTURA FL 33180		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 		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	
TITLE MGR	NAME MARIANOWSKY, JAYIR	TITLE	NAME MARIANOWSKY, JAYIR
STREET ADDRESS 19495 BISCAYNE BOULEVARD, SUITE 400	CITY-ST-ZIP AVENTURA FL 33180	STREET ADDRESS 21010 W. DIXIE HWY.	CITY-ST-ZIP MIAMI FL 33180
Delete <input type="checkbox"/>		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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 authorized 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		Date	

CR2E083 (10/02)