

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

<b>DOCUMENT #</b> L02000018456				<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 18px; font-weight: bold; margin-bottom: 10px;">03 MAY -2 PM 12:20</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
<b>1. Entity Name</b>  EPIPHANY OF SOUTH MIAMI 602 ENTERPRISES, LLC					
<b>DO NOT WRITE IN THIS SPACE</b>					
<b>2. Principal Place of Business</b> 2100 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL Zip 33134		<b>3. Mailing Address</b> 2100 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL Zip 33134		<b>4. FEI Number</b> APPLIED FOR	
Country USA		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
<b>DO NOT WRITE IN THIS SPACE</b>				<b>7. Name and Address of Current Registered Agent</b> Name JORGE GURIAN Street Address (P.O. Box Number is Not Acceptable) 2100 PONCE DE LEON BLVD SUITE 600 City CORAL GABLES FL Zip Code 33134	
<b>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.</b>  SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
		<b>FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>DUE BY MAY 1</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HERNANDEZ, JUAN FRANCISCO 2100 PONCE DE LEON BLVD. #600 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="font-size: 18px; font-weight: bold;">800017894968</div> <div style="font-size: 14px;">05/02/03--01052--017 **\$0.00</div>	
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<b>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 empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> <b>JUAN FRANCISCO HERNANDEZ</b> <b>04/29/03 305-279-4101</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

CR2E083B (12/02)