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

## FILED May 19, 2003 8:00 am Secretary of State

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Principal Plac		s	Mailing Address	<b>Y</b> -							
5769 STN 8TH STREET MIAMI FL 33144			5769 SIX BTH STREET Miami Fl\33144				44001	1929	!		
			E A			, 		1811 <b>: 1</b> 110 11 <b>11</b> 1 11			
2. Principal Place of Business			3. Majling Address TO BOX 440939								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF		i		
City & State			MIAMI FL			4. FELNUM	4. FEL Number 0055 648   Applied For Not Applicable				
Zip			33144	33144 MAME A							
<u> </u>	6. Name	and Address of Curren	t Registered Agent		Name	7. Name a	nd Address of New Re	gistered Ager	<u>it : </u>		-
	NGS, INC. "	EST 16TH STREET		÷	Street Addr	ess (P.O. Box Num	ber is Not Acceptable)				7
		DALE FL 33311			, ,					4	
					City		<del></del>	FL	l Zip Cod	le	
8. The above	named entity	ubmits this statement	or the purpose of changing i	ts registere		sistered agent, or b	oth, in the State of Flori		ar with.	and accept	1
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, typeky	or printed name of registered ager	t and title it applicable. (No	OTE: Registere	d Agent signature re	iquired when minetating)		DATE		— <del></del>	
FILE NOW!!! FEE IS \$50.00											7
	-			Make Check Payable to Florida Departmen  Due By May 1, 2003							
9,		MANAGING MEMB		10.		<u> </u>	ADDITIONS/C	HANGES	<del>/</del> -		7
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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 cath; 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.											
SICNATURE. COMPARINE DEOUIRED											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BUNING MANAGER MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Design Printed I											