2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000019347

1. Entity Name

DOD	AN-K	ENDA	11	HC.
w	HIVTN	CIVILIA	LL.	

F	ILED	
Apr 14,	2003 8:00	am
Secreta	ary of Stat	e

04-14-2003 90234 023 ****50.00

			A SOUTH	TEST			
Principal Plac	ce of Business	Mailing Address					
7000 S.W. 97 AVENUE. SUITE 200 MIAM) FL 33173		7000 S.W. 97 AVENUE, SUITE MIAMI FL 33173	E 200				
2. Principal P	Place of Business 90 th ST	3. Mailing Address	~ 90th	57			
Suite Apt.	#, etc.	Suite, Apt. #, etc.)/		CHECK HERE	F MAKING CHANGES	
City & Stat	mi +1	City & State M/A M/	F	4. FEI Nu 54.	mber 207291.		oplied For ot Applicable
331	86 DADE	^{zig} 33186	MIAMI	5. Certific	ate of Status Desired	55.00 Add	
	6. Name and Address of Current F	Registered Agent	Name -	7. Name	and Address of New Ro	egistered Agent	
STAI	NZIOLA, ROSANA		Name				
70 00	SW 97 AVENUE, SUITE 200		Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
MIAN	MI FL 33173		SE	101			
I			City 1 H	mi		FL ZingCod	[ૄ] કર્
8. The above the obligat	named emity submits this statement for tions of registered agent	the purpose of changing its re	egistered office or r	egistered agent, or	both, in the State of Flor		
SIGNATURE	Signature, typed or practed name of argistered agent as	nd title if applicable. (NOTE:	Registered Agent signature	e required when reinstating	<u> </u>	DATE	
		~ 	W!!! FEE IS \$5	 	T		
		Make Check Payable	•		}		
		-	By May 1, 2003				
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/	CHANGES	
TITLE	MGRM	Delete	TITLE			Change	☐ Addition
NAME	STANZIOLA, FELIX	_	NAME STREET ADDRESS	11201 3	SW 90th	STREET	87101
STREET ADDRESS CITY-ST-ZIP	7000 S.W. 97 AVENUE, SUITE 20	0	01774 07 717	niam:		33186	ı
TITLE	MIAMI FL 33173	Delete					Addition
NAME	~		NAME	(+AN210	LA, ROSA	NA	
STREET ADDRESS			STREET ADDRESS	11801 S	u 90th	STREET S	T 101
CITY-ST-ZIP			CITY-ST-ZIP	miami	FI	33,86	
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME CERCET ADDRESS			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		□ Delete	TITLE		-	☐ Change	☐ Addition
NAME		□ Oelete	NAME				☐ Addition [
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	The state of the s		City-st-zip 😁	marga-et. S	نه د همد د منتهجت	ر د د بر بست	
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME			NAME				J
STREET ADDRESS			STREET ADDRESS				ļ
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	☐ Addition :
name Street Address			NAME STREET ADDRESS				ľ
CITY-ST-ZIP	~		CITY-ST-ZIP				1
	pertify that the information supplied with	his filling does not qualify for t		d in Section 119 07	(3)(i) Florida Statutos I	further certify that the in	nformation
indicated	certify that the information supplied with to on this report is true and abcurate and the	hat my signature shall have th	e same legal effect	as if made under o	ath: that I am a managi	na member or manage	r of the

limited liability company or the receiver or trustee empowered to exaggite this report as required by Chapter 608, Florida Statutes.

SIGNATURE

Daytime Phone #