2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Feb 21, 2003 8:00 am Secretary of State 02-10-2003 90102 041 ****50.00

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1. Entity Nar	JMENT # LO20000 E DEPOT, LLC)19410			* #***	च	,	
Principal Plac	ace of Business	Mailing Address						
3651 NW 81ST MIAMI FL 3314	T STREET	3651 NW 81ST STREET MIAMI FL 33147	3651 NW 81ST STREET		·			
			-				787 (1881) (18 14 (1 8 8)	
· · · · · · · · · · · · · · · · · · ·	Place of Business	3. Mailing Address						•
Suite, Apt.	L.#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & Stat	ite ·	City & State		4. FEI Nur 65	nber 1014389	F	Applied For Not Applicable]
Zip	Country	Zip	Country		ate of Status Desired	□ \$5.00 Fee Req	Additional	7
	6. Name and Address of Current	Registered Agent		7. Name a	nd Address of New Re	egistered Agent	<u> </u>]
BEF	RGER, JAMES L		Name		•] -
	D EAST LAS OLAS BLVD.		Street /	Address (P.O. Box Num	ber is Not Acceptable))		1
SUT	TTE 1000		-			· · · · · · · · · · · · · · · · · · ·	<u>-</u>	4
FT.	LAUDERDALE FL 33301		· [1
			City			FL Zip C	Code	_
8. The above	e named entity submits this statement for	r the purpose of changing its	registered office o	r registered agent, or b	oth, in the State of Flor	rida. I am familiar w	ith, and accept	-
8. The above the obligat SIGNATURE	ations of registered agent.	and title if applicable. (NOTI	E: Registered Agent signal OWIII FEE IS \$	ture required when reinstating)	poth, in the State of Floi	rida. I em familiar wi	ith, and accept	-
the obligat	ations of registered agent.	and title if applicable. (NOTI	E: Registered Agent signal OWIII FEE IS \$	ture required when reinstaking) \$50.00 partment of State	poth, in the State of Floi		ith, and accept	
the obligate SIGNATURE 9.	ations of registered agent. Signature, typed or printed name of registered agent a	and total of applicable. (NOTI FILE NO Make Check Payabl Due ERS/MANAGERS	E: Registored Agent signed OWILI FEE IS \$ le to Florida Dep e By May 1, 2000	ture required when reinsteking) 850.00 partment of State 3	ooth, in the State of Flor	DATE (*)		
the obligate SIGNATURE 9. TITLE NAME	Signature, typed or printed name of registered agent a MANAGING MEMBEL	FILE NO Make Check Payabl Due ERS/MANAGERS	E: Registored Agent signal OWIN FEE IS \$ Ne to Florida Dep By May 1, 2000 10. ITTLE NAME	iture required when reinsteking) 850.00 partment of State 83	ADDITIONS/0	DATE (*)		(10/02)
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MERM BRIAN D. FINK 3651 N.W. 8155 ST.	And tatle if applicable. (NOTI FILE NO Make Check Payabl Due ERS/MANAGERS Defate	E: Registered Agent signal OWIN FEE IS \$ te to Florida Dep e By May 1, 2000	MGRN BRIAN D.F	ADDITIONS/O	DATE (), CHANGES		083 (10/02)
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent a MANAGING MEMBEL	FILE NO FILE NO Make Check Payabi Due ERS/MANAGERS Delete	E: Registered Agent signal OWIN FEE IS \$ te to Florida Dep e By May 1, 2003 #0. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRN BRIAN D.F	ADDITIONS/0	DATE (; CHANGES	ge Addition	2E083 (10/02)
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rereby certify that the information supplied with this filling 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 eath; 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.

SIGNATURE: SOUND OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE