

FILED
Jun 23, 2003 8:00 am
Secretary of State

04-30-2003 90178 046 ****50.00

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

DOCUMENT # L02000023004					
1. Entity Name CORNER SHOT HOLDINGS, L.L.C.					
Principal Place of Business 201 ALHAMBRA CIRCLE, SUITE 801 CORAL GABLES FL 33134			Mailing Address 201 ALHAMBRA CIRCLE, SUITE 801 CORAL GABLES FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 52-2380965	Applied For Not Applicable
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KRONGOLD & SINGER, P.L. 201 ALHAMBRA CIRCLE, SUITE 801 CORAL GABLES FL 33134			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 _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY - ST - ZIP				
CITY - ST - ZIP	☐ Delete				
TITLE	NAME				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY - ST - ZIP				
CITY - ST - ZIP	☐ Delete				
TITLE	NAME				
NAME	STREET ADDRESS				
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CITY - ST - ZIP	☐ Delete				
TITLE	NAME				
NAME	STREET ADDRESS				
STREET ADDRESS	CITY - ST - ZIP				
CITY - ST - ZIP	☐ Delete				
10. ADDITIONS/CHANGES					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
☐ Change ☐ Addition					
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
SIGNATURE: <u>SIGNATURE REQUIRED</u> <u>4/23/03</u> <u>(305) 446-3033</u>					
SIGNATURES ARE TYPED OR PRINTED NAME OF ISSUING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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☐ CHECK HERE IF MAKING CHANGES

CFR2003 (12/02)