LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 02.0000 2365 2

1. Entity Name



## **FILED** May 01, 2003 8:00 am Secretary of State 05-01-2003 90269 016 \*\*\*\*50.00

Harley	Mehabilitahin	Center,	LLC			
DO NOT WRITE IN THIS SPACE					30064735	
Principal Pi \$13 SW Suite, Apt.	ace of Business ONT MOU	3. Mailing Address Suite Apt # Mr.			DO NOT WRITE IN THIS SPACE	
City & State	Country C	City & State	Coun	try	4. FEI Number 13-4215120	Applied For Not Applicable  \$5.00 Additional
<u> </u>	14   V.S				Certificate of Status Desired     Name and Address of Current Register	Fee Required
DO NOT WRITE IN THIS SPACE    City Migml   FL   395043 4						
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, typed or printed name of registered agent and play's applicable  FEE IS \$50.00  Make Check Payable to Florida Department of State  DUE BY MAY 1  9. MANAGING MEMBERS/MANAGERS						
TITLE NAME	P Noiherto Malvartz 913 Sw 97th Aue Miami, Fl. 33174	or to cacho	Programme	2000年 1900年		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Altered to the	<b>经验证据的</b>		
NAME STREET ADDRESS CITY-SI-ZIP	. , , <del></del>		<b>企業等</b>	#	DO NOT WR	IΤΕ
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			\$ 1. Take	以他们的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个		
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.