

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90055 013 ****50.00

DOCUMENT # L02000025991

1. Entity Name
MIAMI HOME DESIGN, L.L.C.



Principal Place of Business 2875 NE 191ST STREET TURNBERRY PLAZA, SUITE 801 AVENTURA FL 33180	Mailing Address 2875 NE 191ST STREET TURNBERRY PLAZA, SUITE 801 AVENTURA FL 33180
---	---



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 1020 East 32nd Street Suite, Apt. #, etc.	3. Mailing Address 1020 East 32nd Street Suite, Apt. #, etc.
---	---

City & State Hialeah, FL	City & State Hialeah, FL	4. FEI Number 022-387508	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	------------------------------------	------------------------------------	--

Zip 33013	Country USA	Zip 33013	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
---------------------	-----------------------	---------------------	-----------------------	---

6. Name and Address of Current Registered Agent SERBER, DANIEL J ESQ. 2875 NE 191ST STREET TURNBERRY PLAZA, SUITE 801 AVENTURA FL 33180	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Aiter, HERMAN 1020 East 32nd Street Hialeah, FL 33013	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **x** **SIGNATURE REQUIRED** **HERMAN AITER** **1/21/03** **305-696-8686**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)