

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

03-11-2003 90026 018 \*\*\*\*50.00

**DOCUMENT # L02000026439**

1. Entity Name

**LITTLE FISH, L.L.C.**



Principal Place of Business

**8180 NW 36 STREET STE. 230  
MIAMI FL 33166-6645**

Mailing Address

**8180 NW 36 STREET STE. 230  
MIAMI FL 33166-6645**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 143661**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Coral Gables, FL 33143**

4. FEI Number

**56-2302486**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33143**

**USA**

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZAMBRANO, HEYKA  
8180 NW 36 STREET STE. 230  
MIAMI FL 33166-6645**

Name

**Keyla Castillo-Plana**

Street Address (P.O. Box Number is Not Acceptable)

**8180 NW 36 Street, Suite 230**

City

**Miami**

**FL**

Zip Code

**33166-6645**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**02/28/03**

**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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:

**SIGNATURE REQUIRED**

**02/28/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0020/833

CR2E083 (10/02)