

**FILED**  
**Mar 14, 2003 8:00 am**  
**Secretary of State**


01-24-2003 90253 033 \*\*\*\*50.00

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

1/2  
 1/1

**DOCUMENT # L02000027065**

1. Entity Name  
**DOWN TIME L.L.C.**



Principal Place of Business      Mailing Address  
 11607 S.W. 90 TERRACE      11607 S.W. 90 TERRACE  
 MIAMI FL 33178                      MIAMI FL 33178

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip      Country                      Zip      Country

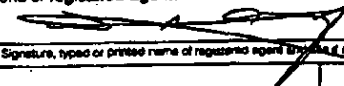


CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**ARANGO, MARIO**  
**2340 SOUTH DIXIE HIGHWAY**  
**MIAMI FL 33133**

7. Name and Address of New Registered Agent  
 Name **MARIO R. ARANGO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1530 N.E. MIAMI GARDENS DR. STE 402**  
 City **NORTH MIAMI BEACH**      FL      Zip Code **33179**

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  **MARIO R. ARANGO**      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent (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	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Tim Reardon	11607 S.W. 90 Terrace	Miami Florida 33176	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

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

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 606, Florida Statutes.

SIGNATURE:  **SIGNATURE REQUIRED**      1/21/03      305 546-9927  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Daytime Phone #

CPRE083 (10/02)