

FILED
Aug 22, 2003 8:00 am
Secretary of State

3/28/

03-28-2003 90003 006 ****50.00

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

DOCUMENT # L02000027332					
1. Entity Name 1926 WALKER BUILDING, LLC					
Principal Place of Business 2790 BIRD AVE. MIAMI FL 33133			Mailing Address 2790 BIRD AVE. MIAMI FL 33133		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 56-2299067	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KUHL, FRANK 2790 BIRD AVE. MIAMI FL 33133			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 <i>[Signature]</i> DATE 03-26-03 (NOTE: Registered Agent's signature required when reinstating)					
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	Coconut Grove Gallery & Interiors, Inc. Miami, FL 33133 Title: MGRM		☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		
10. ADDITIONS / CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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)(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 606, Florida Statutes. SIGNATURE: <i>[Signature]</i> DATE: 03-26-03 305-445-7405 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CR25083 (10/02)