

FILED  
Jun 02, 2003 8:00 am  
Secretary of State

05-02-2003 90583 048 \*\*\*\*50.00

2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

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<b>DOCUMENT # L02000028194</b>			
1. Entity Name <b>FDM, LLC</b>			
Principal Place of Business <b>3663 S. W. 8TH. STREET THIRD FLOOR MIAMI FL 33146</b>		Mailing Address <b>3663 S. W. 8TH. STREET THIRD FLOOR MIAMI FL 33146</b>	
2. Principal Place of Business <b>4100 NE 2ND AVENUE Suite, Apt. #, etc. 106</b>		3. Mailing Address <b>4100 NE 2ND AVENUE Suite, Apt. #, etc. 106</b>	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33137</b>	Country <b>USA</b>	Zip <b>33137</b>	Country <b>USA</b>
4. FEI Number <b>03-0490761</b>			
Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>DI MISE, FRANCISCO PABL 3663 S.W. 8TH. STREET THIRD FLOOR MIAMI FL 33135</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4100 NE 2ND AVENUE, #106</b> City <b>MIAMI</b> FL <b>33137</b>	
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>Francisco Di Mise</i> <b>FRANCISCO DI MISE</b> <b>4/8/03</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> 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	<b>MGRM DI MISE, FRANCISCO PABL 3663 S. W. 8 TH STREET MIAMI FL 33135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: <i>Francisco Di Mise</i> <b>FRANCISCO DI MISE</b> <b>4/8/03</b> <b>(305) 573 2500</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			

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☒ CHECK HERE IF MAKING CHANGES

CR2083 (10/02)