

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

FILED
Sep 24, 2003 8:00 am
Secretary of State

8/1

08-11-2003 90103 038 ****50.00

DOCUMENT # L02000030367



1. Entity Name
MARILU, LLC

Principal Place of Business Mailing Address
18181 NE 31 CT UNIT 2609 18181 NE 31 CT UNIT 2609
TOWER AT BISCAYNE COVE TOWER AT BISCAYNE COVE
AVENTURA FL 33160 AVENTURA FL 33160

55057040

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

CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number Applied For
Zip Country Zip Country Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRIFO, LEONARDO F
1001 BRICKELL BAY DRIVE, STE. 2112
MIAMI FL 33131

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

MANAGING MEMBER
NAME: **DIANA GOLINSKY** Delete
STREET ADDRESS: **18181 NE 31 CT #2609**
CITY-ST-ZIP: **AVENTURA, FL 33160**

MANAGING MEMBER Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
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 608, Florida Statutes.

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

8-5-03 Date

305-705-0560 Daytime Phone #

CR2E083 (4/03)