LO 200003046 THE PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

•	PLEASE REA	D ALL INST	RUCTIONS BEFOR	E COMPLETING THIS FORM.
С	ED LIABILITY OMPANY STATEMENT		DEPARTMENT OF STAT Secretary of State SION OF CORPORATIONS	TE 04 JUN -4 AM 11: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA
1. Limited L	JMENT #	XXXXX	407	20.4-2
NAO	THOO VENTORES, E			TEMSTATEMENT 2002
2. Principal Office Address 3. Mailing C 300 Alton Road 300 Alton			ffice Address on Road	4. State/Country of Formation
		Suite, Apt. #,		Florida 5. Date Organized or Qualified To Do Business in Florida 11/14/02
City & State Miami Beach, Florida		City & State Miami E	Beach, Florida	6. FEI Number 20-1180465 Applied For Not Applicable
Zip 33139	Country	Zip 33129	Country USA	7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
		8. 1	ame and Address of Current Re	gistered Agent
	Jorge H. Ramos			
Street Address (P.O. Box Number is Not Acceptable) 150 Alhambra Circle 05/04/0401030				568037667355 06/04/0401039002 **201.00
	Suite, Apt. #, Etc. Suite 11	50		
	Coral Gables			FL 33134
9. I, being	appointed the registered agent of the	above named limite	t liability company, am familiar with	h and accept the obligations of Chapter 608, F.S.
Signature of Registered Agent				Date 05-28-2004
		REGISTERED AG	ENT MUST SIGN	
10. Name	s and Street Addresses of Managing	Members/Managers	Charles Address at	
Titles			Street Address of Managing Member/	
MGR	Greg Love 300 Alton R		300 Alton Road, Suite 1	112 Miami Beach, Florida 33139
	<u> </u>		<u> </u>	
	P.			Ab
	a			
filing th all fees	is reinstatement application the reaso	n for dissolution has	been eliminated, the limited liability	is application as provided for in chapter 608, F.S. I further certify that when y company name satisfies the requirements of section 608.406, F.S., and that cation is true and accurate, and my signature shall have the same legal effect

Typed or printed name of signing Managing Member/Manager Greg Love