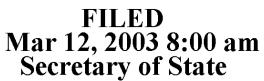
2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)



1. Entity Name SEVEN PALMS, LLC				03-12-2003 90012 023 ****50.00				
Principal Place of Business 7 PALM AVENUE MIAMI BEACH FL 33137 US	Mailing Address 1707 L STREET, N.W. 400 WASHINGTON DC 20036 US) 10 11011 00111 00111		11 81 11810 (1881	01H8 (0H 188)
2. Principal Place of Business	3. Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc:				HECK HERE	IF MAKING	CHANGES	;
City & State	City & State			4. FEI Number		 .	<u> </u>	pplied For lot Applicable
Zip Country	Zip	Country		5. Certificate of Sta	tus Desired		\$5.00 Ad Fee Require	Iditional
6. Name and Address of Cu	rrent Registered Agent			7. Name and Addr	ess of New R	egistered A	•	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		Street		O. Box Number is N	ot Acceptable)		The state of the s
		City	 -			FL	Zip Cod	Je
8. The above named entity submits this statement the obligations of registered agent.	ent for the purpose of changing it	s registered office of	or registere	d agent, or both, in the	e State of Flor	rida. I am f	amiliar with,	and accept
SIGNATURE Signature, typed or printed name of registered	agent and title if applicable (A)O	C. C	 					
	agent and and a approache. (NO	E: Registered Agent signa	ature required w	men reinstating)		DATE		
į	Make Check Payab		partmen	t of State				
9. MANAGING ME	Make Check Payab Du	le to Florida De le By May 1, 200	partmen	t of State				
	Make Check Payab Du MBERS/MANAGERS	le to Florida De le By May 1, 200	partmen 03		ADDITIONS/0	CHANGES		
9. MANAGING ME	Make Check Payab Du	le to Florida De le By May 1, 200	m 6R VAVID	M M. SCHWAR THROCKMORTO	L N & 812		☐ Change	Addition
9. MANAGING ME TITLE NAME STREET ADDRESS	Make Check Payab Du MBERS/MANAGERS	le to Florida De le By May 1, 200 10. TITLE NAME STREET ADDRESS	m 6R VAVID	M M. SCHWAR	 		☐ Change	Addition Addition
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