

FILED  
Jul 07, 2003 8:00 am  
Secretary of State

07-07-2003 90075 005 \*\*\*\*50.00

LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000031905			
1. Entity Name			
FIEMAN FAMILY, L.L.C.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Mailing Address	
7739 WIND KEY DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
BOCA RATON, FL			
Zip	Country	Zip	Country
33434	USA		
4. FEI Number		Applied For	
22-3443633		Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name			
SANDRA FIEMAN			
Street Address (P.O. Box Number is Not Acceptable)			
7739 WIND KEY DRIVE			
City		Zip Code	
BOCA RATON		FL 33434	
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.			
DATE			
FEE IS \$50.00			
Make Check Payable to Florida Department of State			
DUE BY MAY 1			
9. MANAGING MEMBERS/MANAGERS			
TITLE	NAME	TITLE	NAME
MANAGING MEMBER	SANDRA FIEMAN		
STREET ADDRESS	7739 WIND KEY DRIVE	STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON, FL 33434	CITY - ST - ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
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TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DO NOT WRITE IN THIS SPACE			
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: X Sandra Fieman		X6/27/03 561 482-6662	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	