LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000032052

1. Entity Name



6224 BOCA LLC FALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 2665 S. Bayshore Drive 3. Mailing Address 2665 S. Bayshore Drive Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 703 Suite 703 4. FEI Number 74-3073848 City & State City & State Applied For Miami, Florida Miami, Florida Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 33133 Fee Required USA 33133 USA 7. Name and Address of Current Registered Agent Name World Corporate Services, Inc. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) — 2665 S. Bayshore Drive, Suite 703 IN THIS SPACE City **Miami** 3139939 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, 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 MANAGING MEMBERS/MANAGERS 9. CR2E083B (12/02) TITLE Manager TITLE Seuss, Stefan NAME NAME 2665 S. Bayshore Drive, Suite 703 STREET ADDRESS STREET ADDRESS Miami, Florida 33133 CITY-ST-ZIP CITY-ST-ZIP TITLE TILE 000017918470 NAME NAME ns/02/03--01085--010 **1817.50 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE MLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE -CITY-ST-ZIP CITY-ST-ZIP-TITLE IIILE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

Stefan Seuss 3/18/03

(305) 858-9900

Date

Davtime Phone #