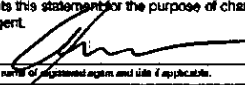
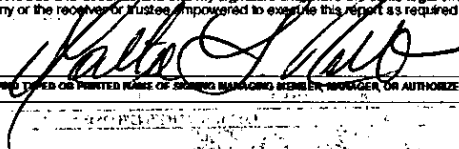


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90615 045 ****50.00

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

DOCUMENT # L02000032228			
1. Entity Name DENALI KNOWLEDGE, LLC			
Principal Place of Business 1180 E. HALLANDALE BEACH, BLVD. SUITE A HALLANDALE, FL 33309		Mailing Address 1180 E. HALLANDALE BEACH, BLVD. SUITE A HALLANDALE, FL 33309	
2. Principal Place of Business 1380 NE MIAMI GARDENS DR		3. Mailing Address 1380 NE MIAMI GARDENS DR	
Suite, Apt. #, etc. 272		Suite, Apt. #, etc. 272	
City & State NORTH MIAMI BEACH, FL		City & State NORTH MIAMI BEACH, FL	
Zip 33179 Country USA		Zip 33179 Country USA	
4. FEI Number 57-1154717		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SALVER, PAUL 5881 NW 151 STREET SUITE 101 MIAMI LAKES, FL 33014		7. Name and Address of New Registered Agent Name MAUN + WOLF, LLP Street Address (P.O. Box Number is Not Acceptable) 4300 N. UNIVERSITY DR. #C-203 City FT. LAUDERDALE FL Zip Code 33351	
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  DATE 3/24/03			
9. MANAGING MEMBERS/MANAGERS			
TITLE MEMBER ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME MARTA LEDERMAN RUS		NAME	
STREET ADDRESS 1380 N.E. MIAMI GARDENS DR. #272		STREET ADDRESS	
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE ☐ Delete		TITLE ☐ Change ☐ Addition	
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)(D), 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:  DATE 4/2/03 (305) 799-4377			

CR2003 (10/02)