LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)** FILED Feb 18, 2003 8:00 am Secretary of State

02-18-2003 90325 011 ****55.00

L02000033200 DOCUMENT#

1. Entity Name

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DO	NOT WRITE	IN THIS SPA	VCE		
2. Principal Place of B 32 ゴミ Suite, Apt. #, etc.	usiness La Bahia DN,	3. Mailing Address 3 2 Irla Ba Suite, Apt. #, etc.	thin Drive	DO NOT WRITE IN THIS SP.	ACE
City & State	Lauderdalp. A.	City & State 17- Caudielde, F1.		4. FEI Number 05 05 44 12 8	Applied For Not Applicable
Zip 33316	Country	Zip 3316	Country -	5 Certificate of Status Desired SV \$	5.00 Additional se Required
			Name -T	7. Name and Address of Current Registered A	gent
				Ronald Castell (P.OBox Number-is-Not-Acceptable)	
	IN THIS SPA	ACE	32	Isla Bahra Dhive	
			City For7	FL FL	Zip Code
8. The above named of the obligations of re		the purpose of changing its reg	w (1986)	red agent, or both, in the State of Florida. I am fam	niliar with, and accept
SIGNATURE	yped or printed name of registered agent an	d title if applicable.		February	11,2003
,		Make Check Payable to DUE	IS \$50.00 Florida Departme BY MAY 1	ent of State	
9. TITLE N	MANAGING MEMBER	S/MANAGERS	TITLE		
NAME J.	Ronald Carrel Baha F	1943 H	NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY: ST- ZIP.	IN THIS SPACE	Ē
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>9.</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY: ST:ZIP		

11. 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:

MANAGER, OR AUTHORIZED REPRESENTATIVE