


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

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90053 001 \*\*\*\*55.00

20031430

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # L05000016678</b> 1. Entity Name <b>FIRST NATIONWIDE HOLDINGS, LLC</b>	
---	---

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>P.O. BOX #824401</b> Suite, Apt. #, etc. <b>N/A</b>	3. Mailing Address <b>P.O. BOX #824401</b> Suite, Apt. #, etc. <b>N/A</b>
--	--

City & State <b>SOUTH FLORIDA, FLORIDA</b>	City & State <b>SOUTH FLORIDA, FLORIDA</b>
Zip <b>33082-4401</b>	Country <b>USA</b>

4. FEI Number <b>20-2393031</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City <b>FL</b>	Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	(MGRM) DANIEL SANTIAGO 2481 S.W. 82 AVENUE (APT. #105) DAVIE, FLORIDA 33324	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(MGR) BLANCA R. SANTIAGO 2481 S.W. 82 AVENUE (APT. #105) DAVIE, FLORIDA 33324	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	N/A	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	N/A	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	N/A	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	N/A	TITLE NAME STREET ADDRESS 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:  DANIEL SANTIAGO (MGRM) 04/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)