


FILED
Apr 18, 2007 8:00 am
Secretary of State

60038236

DOCUMENT # L05000096879				04-18-2007 90034 015 *****50.00	
1. Entity Name STEINFURT MANAGEMENT LLC					
Principal Place of Business 8384 SW 40 STREET MIAMI, FL 33155		Mailing Address 8384 SW 40 STREET MIAMI, FL 33155			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 234 NE 3RD ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 803			
City & State		City & State MIAMI, FL			
Zip	Country	Zip 33132	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HAYES, KANG (LISA) 1541 BRICKELL AVENUE, SUITE 3801 MIAMI, FL 33129			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAYES, KANG (LISA) 1541 BRICKELL AVENUE, SUITE 3801 MIAMI, FL 33129	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
DATE: April 14, 2007 Daytime Phone # _____					