2001 UNIFORM BUSINESS REPORT (UBR)

SILA COMMERCIAL REALTY, L.C. SECRETARY OF STATE FALL AHASSEE, FLORIDA	2001 UNIFORM BUSINESS REPORT (UBR)						FILED			
SILA COMMERCIAL REALTY, L.C. SECRETARY OF STATE TALLARASSEE, FLORIDA White process of Business STST COLURS AIR, AFT, 1701 MANA BEACH FL 33140 STST COLURS AIR, AFT, 1701 MANA BEACH FL 33140 City & State City	DOCUMENT # L9500000567 1. Entity Name						-			
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MIAMA BEACH FL 33140	Principal Place of Business Mailing Address									
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SILA, CARLOS S 5757 COLINS AVE., APT. 1701 MIAMI BEACH FL 33140 City City FL Zip Code City FL Zip Code City FL Zip Code City FL City City City City FL City City FL City City City City FL City C	City & State	е	City & State		4. FEI N	umber 65-0598700		· · · · · · · · · · · · · · · · · · ·		
SILA, CARLOS S 5757 COLLINS AVE., APT. 1701 MAMI BEACH FL 33140 City FL Zip Code City FL Zip Code Signature, typed or printed name of registered agent, or both, in the State of Florida. SIGNATURE MANAGING MEMBERS / MEMBERS ITTLE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS / MEMBERS ITTLE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State SIGNATURE MAMI BEACH FL 33140 Delde TILE MAMI BEACH FL 33140 MAMI BEACH FL 33140 OR SIGNATURE	Zip	Country	Zip	Cour	ntry			Fee Require		
SILA, CARLOS S 5757 COLLINS AVE., APT. 1701 MIAMI BEACH FL 33140 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. SIGNATURE Signature, Need or present rand of registered agent and the registered agent agent and state agent agent and state agent a	-	6. Name and Address of Curre	nt Registered Agent	· .	. Name	7. Name	and Address of New Regis	stered Agent	- 4 -	
STORY COLLINS AVE., APT. 1701 MAMI BEACH FL 33140 City FL Zip Code City FL Zip Code S. 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. SIGNATURE Signature, bytes or printed rame of registered agent and the if application. (NOTE: Registered Agent agranuse nequired when intentiating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State SIBERT ADDRESS STORY	SII A CADLOS S					o (BC) Poy N	(DO Doublimber is Net Associable)			
City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE Signature, typed or preside name of registered agent and life if applicable. PILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES Other STORE ADDRESS SINET ADDRESS SINE					Street Addres	5 (F.O. GOX N			· · · · · · · · · · · · · · · · · · ·	
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florido. SIGNATURE Signature, toped or presed name of registered agent and the # applicable. INOTE Registered Agent agents are not statency) DATE										
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MANA Check Payable to Department of State Managing Members 10. ADDITIONS/CHANGES	SIGNATURE .	Signature, typed or printed name of registered age	ent and title if applicable. (NC	TE: Registere	nd Agent signature requ	ired when reinstation	g)	DATE	<u> </u>	
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE