

**FILE NOW: Fee after May 1, will be \$588.75**

APPROVED  
AND  
FILED

97 FEB -3 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILING FEE**  
\$ 203.75  
Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company **DOCUMENT #L96000000481**

VIRTUA MAYFAIR, L.C.  
JOSEPH SABGA  
~~C/O 1309 WASHINGTON AVE.~~  
~~MIAMI BEACH FL 33139~~

1a. Principal Place of Business Address

JOSEPH SABGA  
~~C/O 1309 WASHINGTON AVE.~~  
~~MIAMI BEACH FL 33139~~

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

3390 Mary St  
Suite, Apt. #, etc.  
#182

City & State  
Coconut Grove, FL

Zip Country  
33133 USA

2a. Mailing Address

3390 Mary St  
Suite, Apt. #, etc.  
#182

City & State  
Coconut Grove, FL

Zip Country  
33133 USA

3. Date Organized or Qualified

04/30/1996

3a. State of Formation

FL

4. FEI Number

65-0663171

☐ Applied For  
☐ Not Applicable

5. Date of Last Report

n/a

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

KTG&S REGISTERED AGE, NT CORPORATION  
C/O ZACK, SPARBER, ET AL.  
100 S.E. 2ND ST., STE. 2800  
MIAMI FL 33131

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

600002079086--5  
-02/05/97--01096--016  
\*\*\*\*203.75 Zip Code \*\*\*\*203.75  
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	KAVUMA, PAUL	<del>1309 WASHINGTON AVE.</del> 3390 Mary St, #182	<del>MIAMI BEACH FL</del> Coconut Grove FL 33133
MEM	SABGA, JOSEPH	<del>1309 WASHINGTON AVE.</del> 3390 Mary St #182	<del>MIAMI BEACH FL</del> Coconut Grove FL 33133

A. Alan  
2/3/97

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #