2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001753

1. Entity Name



FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90076 031 ****50 00

NURULIFF	LLC									
Principal Place of Business Malling Address 2333 BRICKELL AVENUE, SUITE D-1 2333 BRICKELL AVENUE, SUI MIAMI FL 33129 MIAMI FL 33129		. Suite D-1								
2 Principal P	Place of Pusinoss	3. Mailing Address								
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		100110					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES						
City & State		City & State			4. FEI Num	ber 65-0861971			plied For of Applicable	
Zip	Country	Zip	Zip Count		5. Certificate of Status Desired			\$5.00 Additional Fee Required		
	6. Name and Address of Currer				7. Name ar	nd Address of New Reg	istered A	jent]
DAVID, MARY ANN Y ESQ				Name						
2333	BRICKELL AVENUE, SUITE D-1		Street Add		P.O. Box Num	ber is Not Acceptable)				
MAIM	Al FL 33129									1
				City			FL	Zip Code	a	
	named entity submits this statement ions of registered agent.	for the purpose of changing	its registere	ed office or registere	ed agent, or b	oth, in the State of Florid	a. I am fa	miliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered ager	and the standard of the standa	075 0 22	····		· · · · · · · · · · · · · · · · · · ·	DATE			
	Signature, typed or printed name of registered age	1		d Agent signature required	when reinstating)		DAIE			ł
		Make Check Paya		FEE IS \$50.00 orida Denartmer	nt of State	•				
				ay 1, 2003	in or otato					
9.	MANAGING MEMB	BERS/MANAGERS	10.			ADDITIONS/CH	IANGES			
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	ertify that the information supplied wi	the his filing Hope not qualify			otion 119 07/3	(Vi) Florida Statutes I fur	ther certif	u that the ir	formation	

I hereby certify that the information supplied with this filing boes not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the informatic 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 fuster empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF HIGHING MANAGING MEMBER, NANAGER, OR AUTHORIZED REPRESENTATIVE

4/25/03 Date

(305) 859-4900