2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) DOCUMENT # I 9800002623



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Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State	RICKELL KEY		BEN C. SHWAB 4022 S. DOUGLAS RD				JI A. B. (M. M.) Mark Mark	. 46()) 60()) 40)	18 14218 BI 118 118	n 4)(() h n(
City & State City & State City & State Country 6. Certificate of Status Desired Reactured Reactured T. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Tite Tite Name City Strataboses City-51-2P City FL City FL Cit	incipal Place	ce of Business	3. Mailing Address							
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FREEMAN, STEPHEN A 520 BRICKELL KEY DRIVE, SUITE 0-305 MIAMI FL 33131 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 the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10, ADDITIONS/CHANGES TITLE NAME SHYVAB, BEN CHERRY STRET ADDRESS CITY-ST-ZIP TITLE NAME STRET ADDRESS CITY-ST-ZIP TITLE	p	Country	Zip	Countr	у	5. Certifica	te of Status Desired		\$5.00 Add	litional
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Preplatered Agent signature required when reinstating) 9.	520 BRICKELL KEY DRIVE, SUITE 0-305					(P.O. Box Num	ber is Not Acceptable)		
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9.	e obligations		or the purpose of changing its	s registered	d office or register	red agent, or b	oth, in the State of Flo		amiliar with, a	and accept
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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:

SIGNATURE AND TYPED OR RRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #