2002 UNIFORM BUSINESS REPORT (UBR)

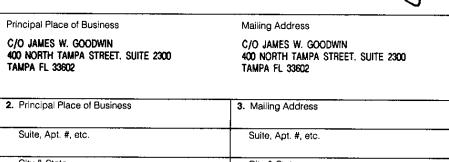
DOCUMENT # L9900000175

1. Entity Name

CAFFE PARADISO, L.L.C.

FILED May 22, 2002 8:00 am § Secretary of State

05-22-2002 90218 046 ****50.00





DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For 59-3554352 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

GOODWIN, JAMES W 400 NORTH TAMPA STREET, SUITE 2300 **TAMPA FL 33602**

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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

> FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002

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9. MANAGING MEMBERS/MANAGERS			10.	10. ADDITIONS/CHANGE		5		1
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11. I hereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the receiver of thustee empowered to execute this report as required by Chapter 608, Florida Statutes.

recuired

NAME

STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

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

Daytime Phone #