

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # L99000000977

1. Entity Name
SIBON, L.L.C.

FILED

01 APR 25 AM 7:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
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2. Principal Place of Business 445 Grand Bay Drive Suite, Apt. #, etc. Suite 504	3. Mailing Address 445 Grand Bay Drive Suite, Apt. #, etc. Suite 504
City & State Key Biscayne, FL	City & State Key Biscayne, FL
Zip 33149	Country USA

4. FEI Number 65-0931095	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name JULIE FEIGELES
Street Address (P.O. Box Number is Not Acceptable) ADORNO & ZEDER, P A.
2601 South Bayshore Drive, #1600
City Miami
FL
Zip Code 33133

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 *Julie Feigeles* JULIE FEIGELES April 19, 2001

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

FILE NOW!!! FEES \$500
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE MGRM <input type="checkbox"/> Delete	NAME Sager, Stella
STREET ADDRESS 445 Grand Bay Drive, #504	CITY-ST-ZIP Key Biscayne, FL 33149
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP

10. ADDITIONS/CHANGES	
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP

11. I 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 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: *Stella Sager* Stella Sager 4-19-01 (305) 361-9959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #