

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY -1 PM 6:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001200

1. Entity Name
UMBRELLA CAPITAL, L.L.C.

Principal Place of Business

2950 SW 27TH AVENUE
SUITE 110
COCONUT GROVE FL 33133

Mailing Address

2950 SW 27TH AVENUE
SUITE 110
COCONUT GROVE FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

515 EAST LAS OLAS BULD

3. Mailing Address

515 EAST LAS OLAS BULD.

Suite, Apt. #, etc.
STE. 1020

Suite, Apt. #, etc.
STE. 1020

City & State
FORT LAUDERDALE, FLORIDA

City & State
FORT LAUDERDALE, FLORIDA

4. FEI Number 65-0906656

Applied For
Not Applicable

Zip 33301 Country USA

Zip 33301 Country USA

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BULMAN, RICHARD C JR
C/O KIRKPATRICK & LOCKHART LLP 888 BRICKELL KEY DRIVE
201 S BISCAYNE BLVD 20TH FLOOR No. 904
MIAMI FL 33131

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARDY, REGINALD 2950 SW 27TH AVENUE SUITE 110 COCONUT GROVE FL 33133 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLEYNIK, VLADISLAV 100 EUROPA DR SUITE 180 CHAPEL HILL NC 27514 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 515 EAST LAS OLAS BULD., STE 1020 FORT LAUDERDALE, FLORIDA 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 515 EAST LAS OLAS BULD., STE. 1020 FORT LAUDERDALE, FLORIDA 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 80004271558-3 -05/18/01--01097--005 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ DATE: 4/26/01 (954) 765-3480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (11/00)