## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 10, 2003 8:00 am Secretary of State

| 1. Entity Nar                                       | IMENT<br>ESTUARY,                                    | # <b>L99000</b>  | 00                            | 1239   | •  |   |                                  |  | 03-31  | -2003 900                           | 01 035                    | ; ***            | <b>'*</b> 50.00          |                 |
|---|--|--|-------------------------------|--|--|---|----------------------------------|--|--|-------------------------------------|---------------------------|------------------|--------------------------|-----------------|
|   |  |  |                               | Mailing Address 686 SOUTH MILITARY TRAIL   |  |   |                                  |  |  |                                     |                           |                  |                          |                 |
|   |  |  | DEERFIELD BEACH FL 33442      |  |  |   |                                  |  |  |                                     |                           |                  |                          |                 |
| 2. Principal Place of Business                      |  |  | <u> </u>                      | 3. Mailing Address   |  |   |                                  |  |  |                                     |                           |                  |                          |                 |
| Suite, Apt. #, etc.                                 |  |  |                               | Suite, Apt. #, etc.  |  |   |                                  | CHECK HERE IF MAKING CHANGES                 |  |                                     |                           |                  |                          |                 |
| City & State  |  |  |                               | City & State   |  |   |                                  | 00 002 1770                                  |  |                                     |                           |                  | plied For<br>at Applicat | ole             |
| Zip   | Zip Country  |  |                               | Zip  | ntry   |   |                                  |  |  | 5.00 Additional<br>ee Required      |                           |                  |                          |                 |
|   | 6. Name  | and Address of Curr  | nt Reg                        |  |  |   |                                  | 7. Name a                                    | nd Address of N                                    | ew Registered                       | Agent                     |                  |                          |                 |
| Chi   | RPCO, INC.   | =  | نية .<br>خيستان ال            | Name of the second   | Name •   |   |                                  |  |  |                                     |                           |                  | == ==                    |                 |
| 2899 SOUTH BAYSHORE DRIVE, 7TH FI<br>MIAMI FL 33133 |  |  |                               | OOR  | Street Address (P.O. Box Number is Not Acceptable) |   |                                  |  |  |                                     |                           |                  |                          |                 |
|   |  |  |                               |  |  |   |                                  |  |  |                                     |                           |                  | 1                        |                 |
|   |  | <u> </u>   |                               |  |  | City  |                                  |  |  | F                                   | L Zir                     | Code             | в                        |                 |
|   | named entity<br>tions of registe                     |  | t for the                     | e purpose of changing it   | s r <b>egi</b> steri                               | ed office or                                | registere                        | ed agent, or b                               | oth, in the State of                               | of Florida. I am                    | n lamiliar                | with, a          | and accep                | † [             |
| SIGNATURE   | Signature, typed o                                   | or printed name of registered ag   | ent and ti                    | ide if applicable. (NO   | TE: Registers                                      | d Agent signatu                             | re required t                    | when reinstating)                            |  | DATE                                |                           |                  |                          |                 |
|   |  |  |                               | FILE NOW!!! FEE IS \$50.00<br>Make Check Payable to Florida Departme<br>Due By May 1, 2003 |  |   |                                  | t of State                                   | *  |                                     |                           |                  |                          |                 |
| 9.  |  | MANAGING MEN   | BERS                          | MANAGERS   | 10.  |   |                                  |  | ADDITIO  | NS/CHANGE                           | s                         |                  |                          |                 |
| TITLE   | MGRM   |  |                               | ☐ Delete   | TITLE  | : ]   | •                                |  |  |                                     | 🖆 ហា                      | inge             | Addition                 | <sup>2</sup> 2  |
| NAME  | PORTEN,  |  |                               |  | NAM  |   |                                  |  |  |                                     |                           |                  |                          | 5               |
| STREET ADDRESS<br>CITY-ST-ZIP                       |  | TH MILITARY TRAIL<br>D Beach Fl 33442  |                               |  |  | ET ADDRESS<br>-ST-ZIP                       |                                  |  |  |                                     |                           |                  |                          | CR2E083 (10/02) |
| TITLE   | ٧  |  |                               | ☐ Delete   | TITLE  |   |                                  |  | <del></del>  |                                     | ☐ Cha                     |                  | ☐ Additio                |                 |
| NAME  | COREN, G   |  |                               |  | NAM  |   |                                  |  |  |                                     |                           |                  |                          | ٦               |
| STREET ADDRESS<br>CITY-ST-ZIP                       |  | 'H MILITARY TRAIL<br>D BEACH FL 33442  | ٠                             |  |  | ET ADDRESS .<br>-St-zip                     |                                  |  |  | <b></b> .                           |                           |                  |                          |                 |
| TITLE   |  |  |                               | ☐ Delete   | TITLE  |   |                                  | Ner-   | TRAES.   | niles                               | Cha                       | មាបិទ            | Additio                  | n               |
| NAME<br>STREET ADDRESS                              |  | <u> </u>   | <del></del>                   | <u></u>  | NAM!<br>STRE                                       | ET ADDRESS                                  | 66-6                             |  | XX Y   | Troit                               |                           |                  |                          |                 |
| CITY-ST-ZIP   | <b>}</b>   | <br>   |                               |  | CITY   | -ST-ZIP                                     | Deep                             | fic/   | 2 Bree   | I F                                 | 3                         |                  | 42                       | J.              |
| title<br>Name                                       |  |  |                               | ☐ Delete   | TITLE  |   | ME                               |  | ton.   | De let                              | Cha                       | nge              | Addition                 | n /             |
| STREET ADDRESS<br>City-St-Zip                       |  |  |                               |  | STRE   | ET ADDRESS<br>ST-ZIP                        | 66                               |  | Hacy   | Treet                               | / ? »                     |                  |                          |                 |
| TITLE   |  |  |                               | □ Detete   | TITLE  | <del></del>                                 | De                               | 1 Di   | 10 W 6"  | S +1                                | Chai                      | 77<br>Age        | Addition                 | 7               |
| NAME  | 1  |  |                               |  | NAME   |   |                                  | TIT  | mone   |                                     |                           | •                |                          |                 |
| STREET ADDRESS<br>CITY-ST-ZIP                       |  |  |                               |  |  | ET ADORESS<br>ST-ZIP                        |                                  | 7+4  | rotico   | 03                                  |                           |                  |                          |                 |
| TITLE   |  |  |                               | ☐ Delete   | TITLE  |   |                                  | 1/0  | he d   |                                     | Cha                       | пре              | Addition                 |                 |
| name<br>Street address                              | <u> </u>   |  |                               |  | NAME   | T ADORESS                                   |                                  |  |  |                                     |                           |                  |                          |                 |
| CITY-ST-ZIP   | <u> </u>   | ·  |                               |  | CITY-  | ST-ZIP                                      |                                  |  |  |                                     |                           |                  |                          |                 |
| 11. I hereby c<br>indicated<br>indicated            | certify that the<br>on this report<br>bility.company | information supplied w<br>is true and accurate at<br>or-the receiver or trus | ith this<br>nd that<br>tee em | filing does not qualify for<br>my signature shall have<br>powered to execute this          | the exer<br>the same<br>report as                  | nption state<br>legal elject<br>required by | d in Sect<br>as if me<br>Chapter | ion 119.07(3)<br>de under nat<br>608 Fishida | (i), Florida Statut<br>that I am a ma<br>statutes. | es. I further cer<br>naging member. | rtify that t<br>er or mar | he info<br>nager | ormation<br>of the       |                 |
| SIGNAT  |  | 210NA  |                               | A COEDIN   |  | ADS   | 3/24                             | 03   | 954  | 4221                                | TPP.                      | ۔۔ گ             |                          | ·   17855       |
|   |  | OTTPED OR PRINTED SAME   | 06/201                        | NING MANAGING MEMBER, MA   | NAGER, OR  | AUTHORITZED R                               | EPRESENT                         | ATZELLIJE -                                  | Date   |                                     | Daytime Phor              | ₩#               |                          | 1               |