2001 UNIFORM BUSINESS REPORT (UBR)														
DOCU 1. Entity Nar		# L9900	0002169	المنكفة			•							
SOUTHE		5746 No.		FIL	ED									
				`	0	1 5	FP 19	РМ	12: 17					
7990 S.W. 11 MIAMI FL 33	17TH AVENUE		Mailing Address 7990 S.W. 117TH AVENU MIAMI FL 33183		SECRE	ETARY HASSE	OF ST	ATE		N.				
			1											
2. Principal I		ness	3. Mailing Address					1 (84)(8/) (10410 II 001 4701U		
Suite, Apt	. #, etc.		Suite, Apt. #, etc.							T WRITE I		SPACE	ē.	
City & Sta	te		City & State		4. FEI Number 65-0914045					oplied For ot Applicable	-			
Zip	-	Country	ZipCou		intri.				Status De			\$5.00 Add		1
	6. Name		Name		7. Nam	e and A	ddress of	New Regi				7		
WAYNE,			Idress (I	P.O. Box N	Number is	s Not Acce	eptable)				-			
1225 S,V MIAMI:FL	V, 87TH AVI 33174	ENUE												1
1417 (141 1 6	. 00111				City			.			FL	Zip Cod	e	1
8. The above	named entit	y submits this statement for	the purpose of changing its	registere	ed office or i	registere	ed agent,	or both,	in the State	of Florida	a.			1
SIGNATURE														
	Signature, typed	or printed name of registered agent a			Agent signatur		when reinstat	1		MC	DATE	124-	1	1
			FILE N Make Check Pa		FEE IS \$5 o Departn		State	+0		/26 /0	101	0120	101	╬
9.		MANAGING MEMBE	RS/MEMBERS	10.						¥≭¥55, TONS/CH		*****5	5.00	-
TITLE	MGR		☐ Delete	TITLE								☐ Chànge	Addition	1
NAME STREET ADDRESS		rn homes of Browa! /. 117th Avenue, Suit		•	ET ADDRESS									E082 /11/00
CITY-ST-ZIP)	MIAMI FL	33183	☐ Delete	CITY-	-ST-ZIP							☐ Change	☐ Addition	ન ૦
NAME STREET ADDRESS				NAME	ET AODRESS								_	1
_CITYST-ZIP		* *	<u> </u>	CITY-	-ST-ZIP→	- شده	:							1
TITLE NAME	•		☐ Delete	NAME								☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP		* *****			et address •St-zip				—	- ,				ĺ
TITLE NAME			☐ Delete	TITLE		•						☐ Change	☐ Addition	1
STREET ADDRESS CITY-ST-ZIP				STREE	ET ADDRESS -ST-ZIP									ŀ
TITLE			☐ Delete	TITLE								Change	Addition	1
NAME STREET ADDRESS				NAME STREE	ET ADDRESS									١
CITY-ST-ZIP			□ Delete	CITY-	ST-ZIP				•			☐ Change	Addition	-
NAME STREET ADDRESS CITY-STOZIA		A	NAME STREE								oneige	[Addition	•	
indicat e d	on this repor	rt is/truje and acycurate and t	this filing does not qualify fo hat my signature shall have	the same	legal effect	t as if m	ade unde	r oath; th	atlama	tutes. I fur managing	ther cert	ify that the ir r or manage	nformation or of the	1
iirnited liä	willy compar	ry pri the receiver or trustee	empowered to execute this	report as	required by	, Unapte	er 608, Flo	orida Stat	utes.	1	` \	. س. ۱	ر ۱	
SIGNATURE: Del Ales Hactor Garcie Mar. 1/22/01 (305)596-9393												1596-	7393	ı

1