FILED

Aug 07, 2003 8:00 am Secretary of State

08-07-2003 90065 007 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #L9900003678

1. Entity Name

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Principal Plac	ce of Business	Mailing Address							
8400 N UNIVER	SITY DR	8400 N UNIVERSITY DR							
306 FORT LAUDERD	MAIE EL 22221	306 FORT LAUDERDALE FL 33321			}				
TONI LAUDENO	PALE TE GOOZI	TORT CAUDENDALE IL 00021			11111	H ala (4)(1 1 8 () 40 () 60 () 1	JOHN CON COLUCA HANG CHIRA		
2. Principal F	Place of Business	3. Mailing Address							
1/93	1 Royal Palm Blod	1440 Coral	Pidg	e Dr	7 100	117 218 75114 14111 42111 42111	12.11. 931.11 001.35 111.10 01111 1	12001 1211 1001	
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Stat	T. 102	# 338				0F 000004F			
Coral Springs		Coral Springs			4. FÉI Num	nber 65-0929645		Applied For Not Applicable	
Zip	Country	Zip	Country				\$5.00 A		
330		33071	Brown	ird.	5. Certifica	ite of Status Desired	Fee Requi	ired	
ļ	6. Name and Address of Current I	Registered Agent				nd Address of New R			
DUQ	UE, SANTIAGO		Nam	[®] カムで	QUE &	SANTIA	60		
9102	UE, SANTIAGO NW 40-ST 9/931 Ro	yal Palm Bly	✓ Stree	Name DURUE SANTIA60 Street Address (P.O. Box Number is Not Acceptable) 11931 Royal Palm Blvd. #102					
COR	AL SPRINGS FL:33065	#-(02 1/0	131 1	Koyai	Palm B	(Va. #100	<u></u>	
	•								
-			City	Coro	1/60-	ina (FL 갤g	ode 065	
8. The above	e named entity submits this statement for	the purpose of changing its re	egistered office	or register	ed agent, or b	ooth, in the State of Flo	rida. I am familiar with	h, and accept	
the obligat	tions of registered agent.		-	J					
SIGNATURE	91	U. J. SANT	1460	DURU	E-PA	ELIDENT	07-28	3-03	
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent sig	gnature required	when reinstating)		DATE		
			W!!! FEE IS	· · · · · · · · ·					
management a ser and	*	Make Check Payable		-	nt of State				
		Due By S	September 2	4, 2003					
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	 _		
TITLE	MGRM	☐ Delete	TITLE	Me	RM	G SANTU	460 🗹 Change	e 🔲 Addition	
NAME STREET ADDRESS	DUQUE, SANTIAGO		NAME Street Addres			al Palm !		3.7	
CITY-ST-ZIP	9102 NW 40 ST CORAL SPRINGS FL 33065		CITY-ST-ZIP			pringy, FL		- 4	
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STREET ADDRESS	9102 NW 40 ST		STREET ADDRES	s 119	31 POC	jal Palm B	Nd. \$102		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP	Co	rail s	prings, Fl	3306V		
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STREET ADDRESS			STREET ADDRES	SS					

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:

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

01-28-02

Daytime Phone #