2000	UNIFOR	M BUSINI	ESS REF	ORT (UB	R)	ı			
DOCUMENT #. L9900003732						1 1 L	W STATE		
1. Entity Name RUSSIAN WARMBLOODS L.L.C. SECT						ETARY	RPORATIONS		
11000#114	WWW.IIIIBEOOD	J L.L.V.			pišīvia	HOIO.	OF STATE ORPORATIONS AM 10: 56		
Daine in al Diag			- Ilia a A alala a a		no 11	AR -1	All 10.	•	
Principal Plac 3008 C SOUT	e of Business H OCEAN BOULEVARD		ailing Address 2008 C SOUTH OCEA	AN BOULEVARD					
	ACH FL 33487		ighland beach fl						
						1		i i ng ka ng aana ang i ala	
2. Principal P	lace of Business •	1 3	Mailing Address	11 1 1					
2. Principal Place of Business. 13860 Wellington Trace 13860 Wellington Trace									
Suite, Apt.	# 20		Suite, Apt.#, etc. #20	7			DO NOT WRITE		
City N State	Jaton, FL	- \lambda	City RIState	N FL		4. FEIN	5-092886 <u>2</u>	2	oplied For ot Applicable
CAD N	Count	άΛ	שנועכפ	Cpynto A		5. Certif	icate of Status Desired	□ \$5.00 Add	ditional
<u>3571</u>	6 Name and Add	Iress of Current Regis	SS717	USI			and Address of New Reg	Fee Require	ed
	·	-	·	Name	Dut	in	FRANK 1		
GRANET, LLOYD ESQ. Strep Ordinals (-Ф. Вр _К М	umiter is Not Acceptable)	TOACO #	30
1900 NW CORPORATE BOULEVARD, STE 100 WEST BUILDING) W	CIUINGTON I	rence, "	20
BOCA RATON FL 33431						1		- 1909	d 112
				IVU		ton,		FL 333	717
8. The above	named entity submits	this statement for the p	urpose of changing	g its registered office of	or register	ed agent, o	or both, in the State of Florid	a. \	
SIGNATURE .	Thinke	<u>tung</u>	Low	1 1 × 100	کعز	7	01/3	<u>./00</u>	
	Signature, typed or printed na	me of registered agent and title i	f applicable.	(NOTE: Registered Agent signa	ature required	when reinstatii	ng) \	DATE	
			1	NOW!!! FEE IS		01-1-	م ا ا	2	
			Make Check	Payable to Depar	tment of	State	m/314/00)	l
9.		NAGING MEMBERS/N	MEMBERS	10.			(ADDITIONS/CI		
TITLE Name	MGRM Rubin, Frank		Delete	TITLE Name			11' 1	Change	Addition
STREET ADDRESS	3008 C SOUTH O	CEAN BOULEVARD		STREET ADDRESS				16C# 20	
CITY- \$1- ZIP	HIGHLAND BEACH	1 FL 33487		CITY-ST-ZIP	WU	71179	ton, 7-6 3:	3719	Addition
TITLE Mame	MGRM RUBIN, SUSAN		Delete	TITLE Name			w lote	Change	
STREET ADDRESS	3008 C SOUTH O	CEAN BOULEVARD		STREET ADDRESS	138	PO M	ellington TRA	W#20	
CITY- \$1- ZIP	HIGHLAND BEACI	1 FL 33487	Deteto	GITY-8T-ZIP TITLE	ma	tp <u>ç</u> ı	on, FL 33	17 Binded	Addition -
NAME	-			NAME			200 <u>00</u> /1	7,70001013	iUZZ
STREET ADDRESS City-81-zip	1			STREET ADDRESS COTY- 8T- ZIP			****	*50.00 ***	**50.00
TITLE			☐ Delata	TITLE	<u> </u>			☐ Change	Addition
MAME				NAME					
STREET ADDRESS City-8t-2ip	-			STREET ADDRESS CITY-81-ZIP				•	
TITLE	· 25,1		☐ Ociota	TITLE	1			Change	Addition
NAME STREET ADDRESS	6: 1-1:			NAME STREET ADDRESS	'				
CITY ST-ZIP	***			CITY-ST-ZIP					
TITÉÉ !			☐ Delete	TITLE				Change	Addition
NAME STREET ADDRESS				NAME Street Address					ĺ
CITY-ST-ZIP				CITY-ST-ZIP	1				

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 OR MANAGER

Date Davtime Phone #