2001	UNIF	ORM	BUS	INESS	REPO	DRT	(UBR
_~~.	U 1111	9 111111			11-1	/111	(~~ 11

SIGNATURE:

1. Entity Nam	MENT # L99000 NTURES MANAGEMENT, L.L.C					FILED OI APR 30 PM 6: 06		- ;
ONE EAST B	ce of Business ROWARD BOULEVARD, SUITE 905 RDALE FL 33301	Mailing Address ONE EAST BROWARD BO FORT LAUDERDALE FL 3		Suite 900		SECRETARY OF STATE TALLAHASSEE. FLORID		
		. Mailing Address [314 E. Las O		۵.	·····			
Suite, Apt.		Suite, Apt. #, etc. Suite 180	~3 D ()	<u>-</u>		DO NOT WRITE IN THI	S SPACE	MJH
City & Stat	lauderdale FL	City & State Ft. Laudera	ale	FL	4. FE	65-0931031		pplied For ot Applicable
Zip 3:33		Zip 3330)	Country 3630		<u> </u>	ertificate of Status Desired	\$5.00 Ad Fee Require	ditional
	6. Name and Address of Current Reg.	stered Agent		Name _		me and Address of New Registere	Agent	
BARNETT, ANDREW ONE EAST BROWARD BOULEVARD, SUITE 905				<u> 13</u>	barnett, Andrew ddress (P.O. Box Number is Not Acceptable) 514 E-Las Olas Rlvd.			
FORT LA	UDERDALE FL 33301			Suite 180				
			[7	City F	t. Laude	ordale F	L Zip Coo	le /
8. The above	named entity submits this statement for the	purpose of changing its	egistered o	office or re			<u> </u>	
SIGNATURE	Signature, typed or printed name of registered agent and title	e if applicable. (NOTE	Registered Ag	ent signature	required when reins	tating) DATE	الال	
		Make Check Pa	W!!! FE					
9.	MANAGING MEMBERS/		10.		MGR	ADDITIONS/CHANGE		6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BARNETT, ANDREW ONE EAST BROWARD BOULEVARD, FORT LAUDERDALE FL 33301	SUITE 905	TITLE NAME STREET A CITY-ST-	DDRESS	ARNETT,	ANDREW IS OLAS BLVD, SUITE I ERDALE, FL 33301	© Change	noitippy Unitippy NZE083 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CURLEY, PAUL J 50 OCEAN PARKWAY, #6E BROOKLYN NY 11218	☐ Delete	TITLE NAME STREET A CITY-ST-	l l		000004220 -05/16/01 *****50.00) 医) 中國 - 01111(******	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET A CITY-ST-			000004220 -05/16/01 ******5.00)	JU4 ,
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AI CITY-ST-		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AI CITY-ST-				☐ Change	Addition
indicated (ertify that the information supplied with this to on this report is true and accurate and that r pillity company or the receiver or trustee emp	ny signature shali have :	ne same led	al effect	as if made und	ler oath: that I am a managing memi	ertify that the in per or manage	nformation r of the

4 24 01

212-399-8200 Daytime Phone #