

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004076
 1. Entity Name
LIGHTNING VENTURES LLC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 FEB -1 PM 4:18

Principal Place of Business ONE SOUTHEAST THIRD AVENUE, 17TH FLOOR MIAMI FL 33131	Mailing Address ONE SOUTHEAST THIRD AVENUE, 17TH FLOOR MIAMI FL 33131-1700
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

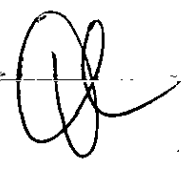
4. FEI Number **65-0942031** Applied For Not Applicable
 5. Certificate of Status Desired: **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
RAZOOK, RICHARD J
C/O THOMSON MURARO, RAZOOK & HART, P.A.
ONE SOUTHEAST THIRD AVENUE, 17TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BACARDI, FACUNDO L ONE SOUTHEAST THIRD AVENUE, 17TH FLOOR MIAMI FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500003127105--4 -02/08/00--01049--017 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VYGE, JOHN M 502 WILLIAMS STREET STRATFORD ONTARIO CANADA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
 Date: **1/28/2000** Daytime Phone # _____