## FILED Sep 26, 2002 8:00 am Secretary of State 09-26-2002 90101 005 \*\*\*\*50.00

## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1. Entity Name PEN SUIN RE	104649 AL ESTATE,	لدد	
DO NOT WRITE I	N THIS SPA	CE CE	8740-
2. Principal Place of Business /8305 BISCAYNE BUD Suite, Apt. #, etc. 3. Mailing Address 5 AME Suite, Apt. #, etc.			874024
SUITE 402 City & State	SUITE 402  3 State City & State		4. FEI Number . Applied For
AVENTURA FL.  Zip 33.160 Country U.S.	Zip Country		65-0950514 Not Applicable  5 Certificate of Status Desired 7 \$5.00 Additional
33.160U.S.			7. Name and Address of Current Registered Agent
DO NOT WR	ITE	Name RE	GISTERED AGENTS OF FLORIDA LIC
IN THIS SPACE		3333	ss (P.O. Box Number is Not Acceptable) S. E. ZNO STREET
			11E 3500 11AM1 FL Zip Cod 33131
8. The above named entity submits this statement for the	purpose of changing its regist	2000	stered agent, or both, in the State of Florida.
SIGNATURE Signature, typed or printed name of registered agent and tall	o f applicable.		DAIL
	FEE I Make Check Payable	S \$50,00 to Department	
9. MANAGING MEMBERS/I		BY MAY 1	
TITLE MGR GABOR RADO STREET ADDRESS 18305 BISCAYNE BI AVENTURA FL. 3	LVD. 4402	TILE  AME  TREET ADDRESS  ITY: ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. 1.	ITLE AME TREET ADDRESS ITY: ST-DP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u></u>	ITLE AME FREELADDRESS ITTY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N S	ree Ame Freet address LTY-ST-JP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N Si	TLE AME PREET ADDRESS UTV-ST-ZIP	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	N SI CI	TLE AME REET ADDRESS TY-ST-ZIP	
I hereby certify that the information supplied with this indicated on this report is true and accurate and that r limited liability company or the receiver or trustee empty.	iling does not qualify for the ex ny signature shall have the sa owered to execute this report	kemption stated in the legal effect as it as required by Cha	Section 119.07(3)(i), Florida Statutes. I further certify that the information f made under oath; that I am a managing member or manager of the apter 608, Florida Statutes.
SIGNATURE: Les Stevarion SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI	t Controlle	OR AUTHORIZED REPRE	9/16/02 305-931-4959  SENTATIVE DEC DECEMBRISHED