2001 UNIFORM BUSINESS REPORT (UBR)

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	MENT # L9900005135 To GROUP L.L.C.		FILED
	LO GROUP L.L.O.		01 APR 30 AM 11: 14
3042 N. FED	ce of Business Mailing Address BERAL HWY. SUITE 200 3042 N. FEDERAL HWY. DALE FL 33306 FT LAUDERDALE FL 333		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal F	Place of Business Z Cout 3. Mailing Address To SE #, etc. Suite, Apt. #, etc.	2 md Cou	nt
City & Sta			DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0942057 Applied For
	udendate + L Ft. Laude	Country	Not Applicable
<u>, 333</u>	Country O 33330) 6. Name and Address of Current Registered Agent	420	5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent
PTITO, F		Name	Ptite Franklin
	Federal Hwy, suite 200 Erdale Fl 33306	Street A	ddress (P.O. Box Number is Not Acceptable)
	1	City	That landa FL Zip Code
8. The above named entry submissible statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida.			
SIGNATURE Signature, the distinct name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE OPEN 123 2000 (OPEN 125			
FILE NOW!!! FEE IS \$50.00			
	Make Check Pa	/able to Depart	ment of State
9.	MANAGING MEMBERS/MEMBERS	10.	ADDITIONS/CHANGES
TITLE	MGR PTITO, FRANKLIN M	TITLE	PTITO Franklin M. Change Addition
STREET ADDRESS	3042 N. FEDERAL HWY, SUITE 200 FT LAUDERDALE FL 33306	NAME STREET ADDRESS	701 SE ZW COUNT
CITY-ST-ZIP TITLE	MGR Delete	CITY-ST-ZIP	Font Laudendele, FL 33301 H&R. Addition
NAME	OHAYON, THIERRY	NAME	CHAYON.
STREET ADDRESS CITY-ST-ZIP	3042 N. FEDERAL HWY, SUITE 200 FT LAUDERDALE FL 33306	STREET ADDRESS CITY-ST-ZIP	CHAYON. TOI SE 2 MI COUNT FONT Laudondele, FL 3 3301
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		name Street address	{
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	20004213 There TAddition -05/16/0101053017
STREET ADDRESS		STREET ADDRESS	*****50.00 *****50.00
TITLE	☐ Detete	CITY-ST-ZIP TITLE	Change Addition
NAME STREET ADDRESS		NAME	
CHY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		NAME STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify frict 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 eath; that I am a managing member or manager of the limited liability company or the reactive or truestee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:			