2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Jun 23, 2003 8:00 am Secretary of State

Principal Place of Business C/O MARK SCHECHNER. ESO. 2/21 PONCE DE LEON BLVD. SUITE 711 CORAL GABLES FL 2. Principal Place of Business 10 12 2 3 0 5 3 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	1. Entity Nam EL CAPIR		005208	/		4	06-23-2003	3 90001	027 ***	**50.00
Suite, Apr. 4, etc. City & State Cuty G Country City & Suite Cuty G City G	Principal Plac C/O MARK SCI 2121 PONCE D	e of Business MECHNER. ESO. E LEON BLVD. SUITE 711	GLORIA ALAMO 8200 BLVD EAST	•						
City & State U.S.G.* City & State U.S.G.* City & State U.S.G.* .	2. Principal P	lace of Business	3. Mailing Address		· · · · · · · · · · · · · · · · · · ·					
City & State Zip Lic Country. Zip Country S. Certificate of Status Desired \$5.00 Additional February \$5.0	Suite, Apt.	. *	Suite, Apt. #, etc.			1	CHECK HERE IF	MAKING	CHANGES	
S. Certificate of Status Deared S. CO Additional S. Certificate of Status Deared S. CO Additional S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name Street Address (P.O. Box Number is Not Acceptable)	City & State	al reportal and he	·.	· · · · · · · · · · · · · · · · · · ·	4. FEI Number NOT APPLICABLE			<u> </u>	Applied For Not Applicable	
SCHECHNER, MARK 2121 PONCE DE LEON BLVD, SUITE 711 CORAL GABLES FL City FL Zip Code City City FL Zip Code City City FL Zip Code City C	Zip		Zip	Zip Country						
2121 POINCE DE LEON BLVD, SUITE 711 CORAL GABLES FL City City FL Zip Code City		5. Name and Address of Current	Registered Agent		Name	7. Name e	nd Address of New Re	gistered A	gent	
L. The above named entity submits this statement for the purpose of changing its registered office or registered eigent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Control	2121	PONCE DE LEON BLVD, SUITE	711		Street Address (P.O. Box Num	ber is Not Acceptable)	·		
S. The above named entity submits into statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Post	į.			•	City			FI	Zip Cod	le
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