LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

L99000005336

DOCUMENT #

1. Entity Name

FILED May 13, 2002 8:00 am Secretary of State

05-13-2002 90256 027 ****50.00

	How	ARD BLACK LLC	1		
2. Principal Place of	Business	ITE IN THIS SP	AGE	ฮ บ บ บ ๘ บ	
999 BRICKELL AVE. Suite, Apt. #, etc. 700		101 PL. CHARLE Suite, Apt. #, etc. A 1404	S LEMOYNE	DO NOT WRITE IN THIS SPACE	
City & State MIAMI	FLORIDA		QUEBEC	4. FEI Number 650946777	Applied For Not Applicable
^{Zip} 33131	Country	J4K 2T3	COUNTRY _CANADA	5. Certificate of Status Desired	\$5.00 Additional Fee Required
	ولل ما العوسا قطها كالله الله ألعال م	est is the same with the same of the same of	esel e	7. Name and Address of Current Registe	
	DO NOT	WRITE	Name IIAI	P.O. Box Number is Not Acceptable)	
	IN THIS	SPACE	14011	SW 84TH STREET	
			City MIA1	•	L Zip Code 183
8. The above named	entity submits this state	ment for the purpose of changing its re	egistered office or register	ed agent, or both, in the State of Florida.	
SIGNATURE	typed or printed name of register	red agov and life if engineers			
			· · · · · · · · · · · · · · · · · · ·	DATE	191 77 1 7 4
			E IS \$50.00		A to the state of
"ki s			ible to Department of E BY MAY 1	State	
10.20			EDIMAT])]	

*2... 9. MANAGING MEMBERS/MANAGERS TITLE marm TITLE HANLEY STEPHEN 999 BRICKELL AVE. SUITE 700 MIAMI, FLORIDA, 33131 NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME HOWARD BLACK & CO. LTOA. NAME ... STREET ADDRESS 999 BRICKELL AVE., SHITE 700 STREET ADDRESS CITY-ST-7IF MIAMI, FL. 33131 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE TITLE . IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 🧢 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP : t. TITLE TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

APRIL 30 2002

(450) *651 - 0068*