## 2000 UNIFORM BUSINESS REPORT (URB)

CERES ADVISORS LLC	200	וואט סע	FORM BUS	NESS REPO	DRT	(UE	3R)			APPRO	VED			
Principal Place of Business  Into BRICKEL AVENUE SUITE 400  MAKINE 3019-2009  2. Principal Place of Business  3. Making Address  1.01 BRICKEL MANUE SUITE 400  MAKINE 3019-2009  2. Principal Place of Business  3. Making Address  4. Making Address  DO NOT VIRITE IN This SPACE  DO NOT VIRITE IN This SPACE  2. O Country  2. Country  3. Name and Address of New Registered Agent  4. Making Address of New Registered Agent  5. Name and Address of Current Registered Agent  5. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  5. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. Country  8. Country  9. Country  1. Name and Address of New Registered Agent  1. Name and Address of New Registered Agent  1. Name and Address of New Registered  1. Name and Address of New Registered  1. Name Address of New Registered  1. Name Address of New Registered  1. Na	1. Entity Name								î AND					
1407 BRICKELL AVENUE SUITE 460	CERES	ADVISORS	LLC						00 1	IAY - I	PH 3:	10		
City of State  City o	1401 BRICKI	ell avenue. Su	1401 BRICKELL AVENUE.	1401 BRICKELL AVENUE. SUITE 460			SECRETARY OF STATE TALLAHASSEE, FLORIDA							
City & State  Country  S. Certificate of Status Desired   \$5.00 Additional Properties of States Desire   \$5.00 Additional Properties of States Desire   \$5.00 Additional Properties of States Desired   \$5.00 Additional Properties of States Desired   \$5.00 Additional Properties Desired   \$5.00 Additional Propertie	2. Principal	Place of Busine	ss	3. Mailing Address										
ZD Country ZD Country S. Carrificate of Status Posited S. S. 00 Additional For Required For Into Application S. Carrificate of Status Posited S. S. 00 Additional For Required	469	5		465										
S. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   Name   Na	Zip Country			·	ry	05-0984411 No					Vot Applicac			
RICHARDS, TIMOTHY D C/O WORLD CORPORATE SERVICES, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 703  MIAMI FL 33133  City FL Zip Code  6. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Ponda.  SIGNATURE  STREET ADDRESS   10.   ADDITIONS / CHANGES    9.   MANAGING MEMBERS / NEMBERS   10.   ADDITIONS / CHANGES    9.   MANAGING MEMBERS / NEMBERS   10.   ADDITIONS / CHANGES    9.   MANAGING MEMBERS / NEMBERS   10.   ADDITIONS / CHANGES    9.   MANAGING MEMBERS / NEMBERS   10.   ADDITIONS / CHANGES    9.   MANAGING MEMBERS / NEMBERS   10.   ADDITIONS / CHANGES    9.   MANAGING MEMBERS / NEMBERS   10.   ADDITIONS / CHANGES    9.   MANAGING MEMBERS / NEMBERS   10.   ADDITIONS / CHANGES    9.   MANAGING MEMBERS / NEMBERS   10.   ADDITIONS / CHANGES    1011 BRICKELL AVENUE, SUITE 460   ITHE MANAGES    1011	6 Name and Address of Current B			Original Annua	Ĺ <u>.</u>		<u>.</u>				_	Fee Requir	dditional red	
Signature  Signature  Make Check Payable to Department of State  Mak				egistered Agent		7. Name and Address of New Registered Agent								
MIAMI FL 33133  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Flonda.  SIGNATURE    Signature   Signatur	C/O WORLD CORPORATE SERVICES, INC.					Street	Street Address (P.O. Box Number is Not Acceptable)							
B. 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    Signature   Signature need to present agent and the inaccolable   INCIE Registered Agent Springer Springe						City	T1 Zin Code						de	
SIGNATURE    Signature noted to common number of registered agent and tire 4 accordable   INDEE Registered Agent signature recurred and re-production   OATE	8. The above	e named entity s	ubmits this statement for t	he purpose of changing its	registered	d office o	or registere	d agent	or both, in the	State of Class				
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  9.			•							nate of Fight	Ja. 	_		
9. MANAGING MEMBERS 10. ADDITIONS/CHANGES  TITLE MARE GOULLET, DOUGLAS ITTLE MAME CITY-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP CITA-ST-ZIP MAME STREET ADDRESS CITY-ST-ZIP CITA-ST-ZIP CITY-ST-ZIP CITY-ST	-			FILE NO	)W!!! Fi	EE IS	\$50.00	•	ng)		DATE			
TITLE MGR GOULLET, DOUGLAS   Dolorto STREET ADDRESS   1401 BRICKELL AVENUE, SUITE 460   TITLE NAME STREET ADDRESS   1401 BRICKELL AVENUE, SUITE 460   TITLE NAME STREET ADDRESS   1401 BRICKELL AVENUE, SUITE 460   TITLE NAME STREET ADDRESS   1401 BRICKELL AVENUE, SUITE 460   TITLE NAME STREET ADDRESS   1401 BRICKELL AVENUE, SUITE 460   TITLE NAME STREET ADDRESS   1401 BRICKELL AVENUE, SUITE 460   TITLE NAME STREET ADDRESS   1401 BRICKELL AVENUE, SUITE 460   TITLE NAME STREET ADDRESS   1401 BRICKELL AVENUE, SUITE 460   TITLE NAME STREET ADDRESS   TITLE AD	0		144	1	yable tu	Depar	unent of	State						
MAME STREET ADDRESS CITY-ST-ZIP  MIAMI FL 33131  TITLE MAME STREET ADDRESS CITY-ST-ZIP  MIAMI FL 33131  TITLE MAME STREET ADDRESS CITY-ST-ZIP  MIAMI FL 33131  TITLE MAME STREET ADDRESS CITY-ST-ZIP  MIAMI FL 33131  Delete  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY		MGR	MANAGING MEMBER	·	-		T		AD	DITIONS/CH	HANGES			
NAME STREET ADDRESS 1401 BRICKELL AVENUE, SUITE 460	STREET ADDRESS	GOULLET, DO 1401 BRICKE	ILL AVENUE, SUITE 46		NAME STREET		140	B	rickell	Avenue	, Sui	双 Chango 七 夕(j		
TITLE	NAME STREET ADDRESS	NGADI, DRIS 1401 BRICKE	LL AVENUE, SUITE 46		NAME STREET		1401	Brio	CKEI A	venue	_	•		
TITLE MAME STREET ADDRESS CITY- ST- ZIP	NAME STREET ADDRESS			C Deleta	TITLE MAME STREET	ADDRESS		2	0000 -05/ ***	3.26· 23/00- **50 0	405 -011	12 N 121	-Ō	
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STREET ADDRESS CITY- ST-ZIP	NAME			Delete	TITLE			<del>- ,</del>			[	Change	Addition	
Service of service and the property with the service of the servic	CITY-8T-ZIP	ertify that the infr	Ormation supplied with this	Hilling doo	CITY- 87-	ZIP		<del></del>					·	

Thereby 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER