2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006551

1. Entity Name
ROSENTHAL, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR -3 AM 11:02

Principal Place of Business	Mailing Address
138 NE 1ST AVENUE MIAMI FL 33132	138 NE 1ST AVENUE MIAMI FL 33132-2106

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number — X Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES FL 33146	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

8. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

mf 3/6/00

9. MANAGING MEMBERS / MEMBERS	10. ADDITIONS / CHANGES
TITLE: MGR ☐ Delete NAME: ADOUTH, RAPHAEL STREET ADDRESS: 138 NE 1ST AVENUE CITY-ST-ZIP: MIAMI FL 33132	TITLE ☐ Change ☐ Addition NAME: 100003178531--3 STREET ADDRESS: -03/21/00--01108--007 CITY-ST-ZIP: *****55.00 *****55.00
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 REQUIRED — 2/29/00 (305) 371-5661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR2E083 (9/99)