

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 17 AM 10:35

Principal Place of Business	Mailing Address
100 S. Biscayne Blvd.	
Suite 1315	(SAME)
Miami FL 33131	

City & State _____ City & State _____

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number 52-2259889	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

Marcus, David (MGRM)
100 S. Biscayne Blvd., Suite 1315
Miami FL 33131

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City EI 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 _____ 08/16/2000

(NC) is: Registered Agent signal to registered when responding

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-08-2001 BY 60322 UCBAW

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
	Marcus, David (MGRM)	1419 Shoreline Way	Hollywood FL 33019	☐					☐	☐

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Marcus, Andrew (MGRM) ☐ Delegate 433 W. Briar Place, #9B Chicago IL 60657	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition 700003368177-- -08/23/00--01021--009
--	--	---------------------------------	--

TITLE Marcus, Greg (MGRM) 1700 Fox Lane Fox Point WI 53217		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	*****55.00 *****55.1 ☐ Change ☐ Addition
---	--	---------------------------------	--	---

ST 310	FOX POINT WI 53217	CITY-ST-ZIP	
	☐ Delete	TITLE NAME	☐ Change ☐ Addition

ST- ZIP	STREET ADDRESS CITY- ST- ZIP	
☐ Delete	TITLE NAME	☐ Change ☐ Addition

STREET ADDRESS		CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	

NAME	
STREET ADDRESS	
CITY-ST-ZIP	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 18.07(3)(c), 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 888, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
 Marcus. David (Manager)

08/16/2000 (305) 374-3031

Date	Quantity Shipped
1900	100
1901	150
1902	200
1903	250
1904	300
1905	350
1906	400
1907	450
1908	500
1909	550
1910	600
1911	650
1912	700
1913	750
1914	800
1915	850
1916	900
1917	950
1918	1000
1919	1050
1920	1100
1921	1150
1922	1200
1923	1250
1924	1300
1925	1350
1926	1400
1927	1450
1928	1500
1929	1550
1930	1600
1931	1650
1932	1700
1933	1750
1934	1800
1935	1850
1936	1900
1937	1950
1938	2000
1939	2050
1940	2100
1941	2150
1942	2200
1943	2250
1944	2300
1945	2350
1946	2400
1947	2450
1948	2500
1949	2550
1950	2600
1951	2650
1952	2700
1953	2750
1954	2800
1955	2850
1956	2900
1957	2950
1958	3000
1959	3050
1960	3100
1961	3150
1962	3200
1963	3250
1964	3300
1965	3350
1966	3400
1967	3450
1968	3500
1969	3550
1970	3600
1971	3650
1972	3700
1973	3750
1974	3800
1975	3850
1976	3900
1977	3950
1978	4000
1979	4050
1980	4100
1981	4150
1982	4200
1983	4250
1984	4300
1985	4350
1986	4400
1987	4450
1988	4500
1989	4550
1990	4600
1991	4650
1992	4700
1993	4750
1994	4800
1995	4850
1996	4900
1997	4950
1998	5000
1999	5050
2000	5100
2001	5150
2002	5200
2003	5250
2004	5300
2005	5350
2006	5400
2007	5450
2008	5500
2009	5550
2010	5600
2011	5650
2012	5700
2013	5750
2014	5800
2015	5850
2016	5900
2017	5950
2018	6000
2019	6050
2020	6100
2021	6150
2022	6200
2023	6250
2024	6300
2025	6350
2026	6400
2027	6450
2028	6500
2029	6550
2030	6600
2031	6650
2032	6700
2033	6750
2034	6800
2035	6850
2036	6900
2037	6950
2038	7000
2039	7050
2040	7100
2041	7150
2042	7200
2043	7250
2044	7300
2045	7350
2046	7400
2047	7450
2048	7500
2049	7550
2050	7600

CR2E083 (11/99)