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

FILED May 03, 2002 8:00 am Secretary of State

DOCUMENT # 1. Entity Name	L9900000	7610
is enary name		

LMG, ASSESS & CONSULTANTS L.L.C.					05-03-2002 90038 049 ****50.00				
DO NOT WRITE IN THIS SPACE									
	Place of Business, Brickell Ave	3. Mailing Address	kell Ale	\dashv					
Suite, Apt		1101 BYICKELL AIC Suite, Apt. #, etc. 800			DO NOT WRITE IN THIS SPACE				
City & Sta		City & State Higmi, Fl.		4. FEI	4. FEI Number 65-0914584 Applied F				
^{Zip} 33	3/31 Country Dade	Zip 33131	Country	5. Cert	ificate of Status Desired	□ \$5	5.00 Additional e Required		
			Name / ,		and Address of Current R	egistered A	gent		
Suite			Marina Gomez Angel P.Q. Box Number is Not Acceptable)						
		·	Suite \$800						
8 The above	named entity submits this statement for	the purpose of the value is	City Hid			FL	ا <u>33 گئ</u>		
SIGNATURE	Signature. typy or printed name of registered agent an	a Howe		gistared agent,	or both, in the State of Flori		23-02		
		Make Check Pa	EE IS \$50.00 yable to Departmen UE BY MAY 1	nt of State					
9.	MANAGING MEMBER			· · · · · · · · · · · · · · · · · · ·	L	 -			
TITLE NAME	LUZ MACIAN COME	ULTANIS L.Z.C.	. TITLE NAME				12/01		
STREET ADDRESS CITY-ST-ZIP	LMG, ASSESS & CONSI LUZ Marina Gome 10300 SW 163 PI MIDMI, Fl. 33196	lace	STREET ADDRESS CITY-ST-ZIP				CRZE083B (12001)		
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11. I hereby of indicated limited liab	erify that the information supplied with the on this report is true and accurate and the bility company or the receiver or trustee e	nis filing does not qualify for lat my signature shall have t empowered to execute this r	the exemption stated in the same legal effect as eport as required by Cl	n Section 119.6 if made under hapter 608, Flo	07(3)(i), Florida Statutes. I fu r oath; that I am a managin rida Statutes.	irther certify t g member or	hat the information manager of the		