## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9900007671

1. Entity Name



## FILED Mar 12, 2003 8:00 am Secretary of State

03-12-2003 90010 037 \*\*\*\*50.00

CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	THE MIR	IIAM COOPER FAMILY, L.E	C.							
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   City &	5871 WATERF	FORD	5871 WATERFORD	5871 WATERFORD						
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   City &	2. Principal	Place of Business	2 Moiling Address							
City & State  City & State  City & State  City & State  Country  C			3. Walling Addres	3. Mailing Address			0/0 /0/10 10/1/ 00/1/ 00/1/ 00/1/ 00/1/			
Zip Country Zip Country S. Certificate of Status Desired   S-50 Roddbloard   Feb Rogisted   S-50 Roddbloard   S-50 Roddb	Suite, Apt	:. #, etc.	Suite, Apt. #, etc	c.			CHECK HERE IF MA	KING CHANGE	S	
So Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of Now Registered Agent  Nome Strive Address (P.O. Box Number is Not Acceptable)  8. The above named entity submits this statement for the purpose of changing its rog stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent and proceed registered agent an	City & Sta	te	City & State			4. FEI Numbe	65-0976040	<b>j</b>		
COOPER, MIRIAM 5971 WATERFORD BOCA RATION FL 33496  8. The above named earthy submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the cellipage lons of registered agent, or both, in the State of Florida. I am familiar with, and accept the cellipage lons of registered agent.  SIGNATURE    Total	Zip	Country	Zip	Zip Countr		5. Certificate of Status Desired \$5.00 Additional				
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Set MATERFORD BOCA RATION FL 33498  City FL Zrp Code  City FL Zrp Code  City FL Zrp Code  City FL Zrp Code  6. The above named entity submits inis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familier with, and accept the cellipations of registered agent agent, or both, in the State of Florida. I am familier with, and accept state of Florida is a state of Florida. I am familier with, and accept state of Florida. I am familier with, and accept state of Florida. I am familier with, and accept state of Florida. I am familier with, and accept state of Florida.  SIGNATURE	CO	OPER. MIRIAM			Name					
S. The above named entity submits this statement for the purpose of changing its rogistered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent.  SIGNATURE    Signature Speak or protect name of registered agent age	587	1 WATERFORD		Street Address		(P.O. Box Number is Not Acceptable)				
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Comparison of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
8. The above named entity submits not statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    FILE NOW!!! FEE IS \$50.00					City	<del></del>		Zip Co	de	
Signeture. Typod or princed name of regulatered agent cord like if applicable.    FILE NOW!!! FEE IS \$50.00     Make Check Payable to Florida Department of State Due 8y May 1, 2003     Part   MANAGING MEMBERS / MANAGERS   10.    ADDITIONS / CHANGES     Change   Addition     MGR	8. The above the obligat	named entity submits this stateme tions of registered agent.	nt for the purpose of chang	ging its registere	ed office or registe	ered agent, or both	, in the State of Florida. I	am familiar with	, and accept	
## FILE NOW!!! FEE IS \$50.00    Make Check Payable to Florida Department of State Due	SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Registered	Agent signature require	ed when reinstating)	DA	TC		
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGR COOPER, MIRIAM   Delete NAME   NAME NAME   NA			FII					/E		
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