MITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 19900008660

FILED May 02, 2003 8:00 am Secretary of State 05-02-2003 90757 045 ****55.00

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2. Principal Place of Busines	ss 3. Mailing Address 780 NW 4	2 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State O	4. FEI Number 9 6736 7 Applied For Not Applicable
Zìp	Country Zip 3.3/26	Country 5. Certificate of Status Desired Fee Required
DO NOT WRITE IN THIS SPACE 7. Name and Address of Current Registered Agent Name VIEITO Street Address (PD) Box Number is Not Acceptable) Ave.		
city miam FL-33926		
8. 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1		
9.	MANAGING MEMBERS/MANAGERS	TITLE NAME
NAME De For	tung walter o Brickell Ave- ami F1 33131	NAME STREET ADDRESS CITY-ST-ZIP
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ami F1 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-S1-ZIP DO NOT WRITE
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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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		

Daytime Phone #