## 2003 LIMITED LIABILITY COMPANY

UN	IFORM	BUSINESS REPORT	(UBR)	Feb 24, 2003	8:UU am	
DOCUN  1. Entity Name	JENT # L	99000008871		Secretary of State 02-24-2003 90056 003 ****50.00		
WESTEND	of Miami, L.C	<b>C</b> .		02-24-2003 90056 00.	3 ****50.00	
Principal Place	of Business	Mailing Address	WE I	-{		
7603 ESTRELLA CIRCLE BOCA RATON FL 33433		7603 ESTRELLA CIRCLE BOCA RATON FL 33433				
					Di (Aldi (Billi (Band) (18) (89)	
2. Principal Place of Business		3. Mailing Address	2:			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING	CHANCEC	
City & State		City & State				
			li va vär	4. FEI Number 65-0982481	Applied For	
Zip	- Counti		ountry	_5Certificate of Status Desired	Not Applicable 5.00 Additional	
	6. Name and Add	ress of Current Registered Agent		7. Name and Address of New Registered A	ee Required	
JARAM	ILLO, FERNAN		Name	Address of New Registered A	gent	
7603 E	STRELLA CIRCLE	<b>E</b>	Street Address (	20 Paultinata		
	RATON FL 33433		Street Address (F	P.O. Box Number is Not Acceptable)		
			ļ			
			City	FL	Zip Code	
<ol><li>The above nar the obligations</li></ol>	med entity submits s of registered agen	this statement for the purpose of changing its regist	ered office or registere	ed agent, or both, in the State of Florida. I am far	miliar with, and accept	
SIGNATURE						
Sign	nature, typed or printed nam	ne of registered agent and title if applicable. (NOTE: Regist	ered Agent signature required v	when reinstating) DATE	<del></del>	
		FILE NOW!!! Make Sheck Payable to I	FEE IS \$50.00			
9.	MAN	IAGING MEMBERS/MANAGERS 10				
rin s M	CDM	TO THE RESERVE TO THE	<i>J.</i>	ADDITIONS/CHANGES		

		make GHECK Payable		ient of State		
<u></u>			By May 1, 2003	ľ		
9	MANAGING MEMBERS	/MANAGERS	10.	ADDITIO		
TITLE	MGRM	☐ Delete	TITLE	ADDITION	NS/CHANGES	
NAME	JARAMILLO, FEMAN		NAME		Change	☐ Addition   §
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CITY-ST-ZIP		J	STREET ADDRESS	•		1
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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 or trustee empowered of execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR BURNTED NAME OF SIGNING REQUIRED ANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE