

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 18, 2001 08:00 AM****Secretary of State****DOCUMENT # M00000001504****1. Entity Name**  
CARLSON FAMILY LIMITED LIABILITY COMPANY

<b>Principal Place of Business</b> 1033 ASTURIA AVENUE  CORAL GABLES FL 33134	<b>Mailing Address</b> 1033 ASTURIA AVENUE  CORAL GABLES FL 33134
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<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.  City & State	<b>3. Mailing Address</b> P.O. BOX 143154  Suite, Apt. #, etc.  City & State MIAMI FL
Zip Country	Zip Country

<b>4. FEI Number</b> 65-1021350	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>  RUTHERFORD CHARLES E 2600 N. MILITARY TRAIL RUTHERFORD MULHALL & WARGO, P.A. BOCA RATON FL 33431 US	<b>7. Name and Address of New Registered Agent</b>  Name RUTHERFORD, MULHALL & WARGO, P.A. Street Address (P.O. Box Number is Not Acceptable) 2600 N. MILITARY TRAIL  City BOCA RATON FL Zip Code 33431
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**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.**

<b>SIGNATURE</b> <u>CHARLES E. RUTHERFORD, ON BEHALF OF RM&amp;W</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b> <u>09/18/2001</u>
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**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

<b>9. MANAGING MEMBERS / MEMBERS</b>		<b>10. ADDITIONS / CHANGES</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <input type="checkbox"/> Delete CARLSON ANNA DEAN 1033 ASTURIA AVENUE CORAL GABLES FL 33134	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CARLSON DAVID D 1033 ASTURIA AVENUE CORAL GABLES FL 33134
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 to execute this report as required by Chapter 608, Florida Statutes.**

<b>SIGNATURE:</b> <u>David D Carlson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<b>MGRM</b> <u>09/18/2001</u> <small>Date</small>
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Daytime Phone #

CR2E083 (11/00)