APPROVEU

## 2001 UNIFORM RUSINESS REDORT (URB)

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DOCUMENT # M0000001744  1. Entity Name								FIEED						
MAR31, L	TC		• •				01 APR 20 AM 9: 55							
									SECRETAR	Y: OF	STATE			
Principal Plac	e of Business		Mailing Address						TALLAHAS	SEE, F	LORIDA	,		
2875 NE 191ST ST., SUITE 901 2875 NE 191ST ST., SUITE 901														
AVENTURA F	L 33180		AVENTURA FL 33180					( 1 <b>00</b> ( <b>00</b> 1)	III <b>Ca</b> lli <b>Ac</b> lii <b>Cal</b> li <b>Ca</b> ll	( <b>80</b> (1) <b>68</b> (1)	I			
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2. Principal P	lace of Business	3	3. Mailing Address						}	I <b>48</b> 113 <b>88</b> 31		i Alail Biai 18a1		
Suite, Apt. #, etc. Suite, Apt. #, etc.					4.			DO NOT WRITE IN THIS SPACE						
City & State			City & State				4. FEI N	lumber	NOT APPLIC	CABLE		pplied For	$\exists$	
Zip Country		у	Zip	Coun	itry		5 Certif	icate of	Status Desired		\$5.00 Ad	ditional	1	
	6. Name and Add	ress of Current Reg	ilstered Agent		ſ	i			Idress of New Re		Fee Require	ed	-	
		:	····		Name .		77 142111	, 4114		g		-	7	
MILLER, LESTER 2875 NE 191ST ST., SUITE 901					Street Address (P.O. Box Nurnber is Not Acceptable)									
AVENTURA FL 33180													1	
					City					FI	Zip Cod	e	1	
8. The above	named entity submits	this statement for the	purpose of changing its	registere	d office o	r registered	d agent, o	or both, i	n the State of Flori				$\dashv$	
							(	·		-			1	
SIGNATURE .	Signature, typed or printed nar	me of registered agent and til	te if applicable. (NOTE	: Registere	d Agent signat	ure required w	hen reinstatir	ng)		DATE				
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			FILE NO Make Check Par				State							
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11. I hereby c indicated	ertify that the informati on this report is true a	on supplied with this id accurate and that	filing does not qualify for my signature shall have to powered to execute this r	the exer	nption sta e legal effe	ted in Sect ct as if ma	tion 119.0 de under	7(3)(i), F oath; th	ilorida Statutes. I f at I am a managir	urther ce ig memb	ertify that the in per or manage	nformation or of the		
limited lial	oility company or the re	eceiver of trustee en	powered to execute this r	e <b>p</b> ort as	required t	oy Chaptei	r 608, Fìo	nda Stat	utes.					
CICNAT	UDE:	SQ MOTO	Mill		7)			d	411/01/01	72/1	< 700 \ (	2261		
SIGNAT	SIGNATURE AND TYPED	OR PRINTED NAME OF SIG	NING MANAGING MEMBER, MAN	<b>-</b>		REPRESENT	TATIVE	<u>-</u>	Date	ريد	Daytime Phone #			