LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001356

THE ATLAS GROUP OF COMPANIES, LLC

1. Entity Name

FILED May 15, 2002 8:00 am Secretary of State

05-15-2002 90132 041 ****50.00

DO NOT WRITE IN THIS SPACE 961595 2. Principal Place of Business 3. Mailing Address 405 Lexington Ave. 405 Lexington Ave. Suite, Apt. #, etc.
47th Floor Suite, Apt. #, etc. 47th Floor DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For New York, NY New York, NY 13-4143184 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 10174 US 10174 US Fee Required 7. Name and Address of Current Registered Agent Corporate Creations DO NOTAWRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 941 Fourth Street, #200 339939 Miami Beach 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 Fiorida. EEE IS \$50,00 Make Check Payable to Department of States DUE BY MAY 1 MANAGING MEMBERS/MANAGERS 9. MGRM CEO NAME Farkas, Michael D. 1221 Brickell Ave. STE 900 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Miami, FL 33131 TITLE NAME OF THE TITLE Fishman, Shimon S. 405 Lexington Av, 47th Floo New York, NY 10174 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST- ZIP STITLE Y MAN NAME NAME : STREET ADDRESS STREET ADDRESS DO:NOT WRITE CITY: ST-ZIP CITY! ST: ZIP (+) TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS City-St-zip TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP

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.

| SIGNATURE: Culdon O Jahn Mis | chael D. Fackas | 4/25/02 | 305539090 |
|---|------------------------------------|---------|-----------------|
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MAN | AGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone # |