

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR -2 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0090112 AF

DOCUMENT # M99000001252

1. Entity Name  
LEVY/LATHAM GLOBAL, L.L.C.

**received**  
1/9/01 *CU*

Principal Place of Business: 6263 N SCOTTSDALE RD. STE 371 SCOTTSDALE AZ 85250  
Mailing Address: 6263 N SCOTTSDALE RD. STE 371 SCOTTSDALE AZ 85250



DO NOT WRITE IN THIS SPACE

**MJH**

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>86-0917875</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GAHAFFER, JOYCE 8297 ROOSEVELT BLVD. JACKSONVILLE FL 32212		CORPORATION SERVICE COMPANY 1200 Hays Street Tallahassee FL 32301	

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.  
SIGNATURE: *[Signature]* **BRIAN COURTNEY, ASST. V.P.** DATE: *3/5/01*

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State  
500003996385--0  
-04/13/01--01027--001  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRAY, EARL 6263 N. SCOTTSDALE RD., #371 SCOTTSDALE AZ 85250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIMELFARB, MICHAEL 6263 N. SCOTTSDALE RD., #371 SCOTTSDALE AZ	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

SIGNATURE: *[Signature]* MICHAEL HIMELFARB, CEO (480) 367-1100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)