

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

10107981

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| DOCUMENT # Z00118 1. Entity Name SOUTH BEACH DESIGN, L.C. | | |
| Principal Place of Business 1501 CALAIS DR MIAMI BEACH, FL 33141-3508 | | Mailing Address 1501 CALAIS DR MIAMI BEACH, FL 33141-3508 |
| 2. Principal Place of Business 1604 Michigan Ave Suite, Apt. #, etc. Office City & State Miami Beach, FL Zip 33139 | 3. Mailing Address 4014 Chase Ave Suite, Apt. #, etc. c/o Galdey, CPA #217 City & State Miami Beach, FL Zip 33140 | <input type="checkbox"/> CHECK HERE IF MAKING CHANGES |
| 4. FEI Number 65-0145053 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent MCDONALD, JOHANNE 1501 CALAIS DRIVE MIAMI, FL 33141 | | 7. Name and Address of New Registered Agent Name MACDONALD, JOHANNE Street Address (P.O. Box Number is Not Acceptable) 1604 MICHIGAN AVENUE, OFFICE City MIAMI BEACH FL Zip Code 33139 |
| 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. I am familiar with, and accept the obligations of, registered agent. | | |
| SIGNATURE <i>Johanne Macdonald</i> JOHANNE MACDONALD 6/15/03 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing)</small> | | DATE |
| FILING FEE: \$50.00 Make checks payable to Florida Department of State TOLL FREE 1-800-352-3434 | | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES |
| TITLE MGRM NAME MACDONALD, JOHANNE STREET ADDRESS 1501 CALAIS DRIVE CITY-ST-ZIP MIAMI BEACH, FL 33141 | <input type="checkbox"/> Delete | TITLE MGRM NAME MACDONALD, JOHANNE STREET ADDRESS 1604 Michigan Ave, OFFICE CITY-ST-ZIP MIAMI BEACH, FL 33139 |
| TITLE MGRM NAME AMBROSI, JAYSON JEAN A. STREET ADDRESS 1501 CALAIS DRIVE CITY-ST-ZIP MIAMI BEACH, FL 33141 | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <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 60B, Florida Statutes. | | |
| SIGNATURE: <i>Johanne Macdonald</i> JOHANNE MACDONALD 6/15/03 305-753-4819 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | DATE |

CREDITS (1002)