

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

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90062 044 \*\*\*\*\*55.00

DOCUMENT # L01000021251

1. Entity Name

TOGLOST INVESTMENTS, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

20331 NE 20 PL  
Suite, Apt. #, etc.

3. Mailing Address

20331 NE 20 PL  
Suite, Apt. #, etc.

City & State  
Miami FL

City & State  
Miami FL

DO NOT WRITE IN THIS SPACE

City & State  
Miami FL

Zip  
33179

Country  
Miami-Dade

Zip  
33179

Country  
Miami-Dade

4. FEI Number

65-158016

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
Eliot W. Rifkin, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
9400 So. Dadeland Blvd

Ste 600

City  
Miami

FL

Zip Code  
33156

**DO NOT WRITE  
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Tom Roses  
20331 NE 20 PL  
Miami, FL 33179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
Stephan R. Tittleman  
1528 Yellowheart Way  
Hollywood, FL 33019

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary/Treasurer  
Gloria Romero Roses  
20331 NE 20 PL  
Miami, FL 33179

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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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: Gloria Romero Roses Gloria Romero Roses 2/13/02 305-904-3852

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)