


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

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90023 018 \*\*\*\*50.00

**DOCUMENT # L00000005662**

1. Entity Name  
**THE COMPANY, L.L.C.**



Principal Place of Business  
3000 ISLAND RD  
2405  
MIAMI, FL 33160

Mailing Address  
PO BOX 330589  
MIAMI, FL 33133

**30052413**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**3000 Island DLVD**  
Suite, Apt. #, etc.  
**2405**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**AVENTURA, FL**

City & State

Zip  
**FL 33160** Country  
**USA**

Zip Country

4. FEI Number  
**65-1010157**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HKE&F REGISTERED AGENT-CORP.**  
**2601 S. BAYSHORE DRIVE, SUITE 600**  
**MIAMI, FL 33133**

7. Name and Address of New Registered Agent  
Name  
**VALDES-PAULI Corporate Services**  
Street Address (P.O. Box Number is Not Acceptable)  
**One Biscayne Tower - Suite 3400**  
**2 South Biscayne Blvd**  
City  
**MIAMI** FL Zip Code  
**33131**

B. 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 *Althuis Juma Dredn* DATE 4/8/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when resigning)

**FILE NOW!!! FEE IS \$60.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/ MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS	<b>BIJAOU, CYRIL</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>2929 SW 30TH CT</b>	CITY-ST-ZIP	
	<b>MIAMI, FL 33133</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change
NAME		NAME	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change
NAME		NAME	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change
NAME		NAME	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change
NAME		NAME	<input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 606, Florida Statutes.

SIGNATURE: *Cyril Bijaoui, Managing Director* DATE: 4/8/03 CONTACT PHONE: 305-798-5193

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

CR2E083 (10/02)