

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

FILED
Sep 24, 2003 8:00 am
Secretary of State

8/1

08-11-2003 90103 038 ****50.00

DOCUMENT # L02000030367



1. Entity Name
MARILU, LLC

Principal Place of Business: 18181 NE 31 CT UNIT 2609 TOWER AT BISCAYNE COVE AVENTURA FL 33160
Mailing Address: 18181 NE 31 CT UNIT 2609 TOWER AT BISCAYNE COVE AVENTURA FL 33160

55057040

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

4. FEI Number: Applied For Not Applicable
5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent: BRIFO, LEONARDO F, 1001 BRICKELL BAY DRIVE, STE. 2112, MIAMI FL 33131
7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, FL, Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE: MANAGER NAME: DIANA GOLINSKY <input type="checkbox"/> Delete STREET ADDRESS: 18181 NE 31 CT #2609 CITY-ST-ZIP: AVENTURA, FL 33160		TITLE: MANAGING MEMBER <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: MANAGING MEMBER STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
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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: **DIANA GOLINSKY** **8-5-03** **305-705-0560**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)