

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

01-31-2002 90082 005 ****50.00

DOCUMENT # L00000001502
 1. Entity Name
PEBBLE COURT APARTMENTS, L.L.C.

Principal Place of Business Mailing Address
 9485 SUNSET DR., STE. A-292 9485 SUNSET DR., STE. A-292
 MIAMI FL 33173 MIAMI FL 33173

65-0971007
 - 23248

2. Principal Place of Business 3. Mailing Address
3350 NW South River Drive ~~Sunset~~
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State
Miami, FL **Miami, FL**
 Zip Country Zip Country
33142 **USA** ~~33142~~ **USA**

4. FEI Number **APPLIED FOR** Applied For / Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent
DIAZ CORDERO, ANA
9485 SUNSET DR., STE. A-292
MIAMI FL 33173

7. Name and Address of New Registered Agent
 Name **Alejandro Diaz**
 Street Address (P.O. Box Number is Not Acceptable)
3350 NW South River Drive
 City **Miami** FL Zip Code **33142**

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 *Alejandro Diaz* DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	DIAZ, ALEJANDRO	
STREET ADDRESS	13954 SW 36 STREET	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	DIAZ CORDERO, ANA	
STREET ADDRESS	9485 SUNSET DR., STE. A-292	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *Alejandro Diaz* **SIGNATURE REQUIRED** Date: **01/24/02** Daytime Phone #: **305-858-7892**

CR2E083 (9/01)