

2001 UNIFORM BUSINESS REPORT (UBR)

0000114

DOCUMENT # L00000008781
 1. Entity Name
 SOUTHERN FACILITIES DEVELOPMENT AT LAUDERHILL, L

FILED
 01 APR 26 PM 5:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 2901 SW 8TH STREET, SUITE 204 2901 SW 8TH STREET, SUITE 204
 C/O JOSE R. BOSCHETTI C/O JOSE R. BOSCHETTI
 MIAMI FL 33135 MIAMI FL 33135

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **05-1028529** Applied For
 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 MARTIN, PEDRO A
 1221 BRICKELL AVENUE, SUITE 2100
 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.

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

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOSCHETTI, JOSE R 2901 SW 8TH STREET, SUITE 204 MIAMI FL 33135 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR M Boschetti, Jose R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2901 SW 8th St., Suite 204 Miami, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Abela, Charles R. Jr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2901 SW 8 Street, Suite 204 Miami, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Cayan, Maurice <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2901 SW 8th St., Suite 204 Miami, FL 33135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information submitted 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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED
 1/20/01 305-5417100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)