

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90231 030 \*\*\*\*50.00

**DOCUMENT # L01000004913**

1. Entity Name  
**SOUTO PROPERTIES, L.L.C.**



Principal Place of Business  
**8080 NORTHWEST 58TH STREET  
MIAMI FL 33166**

Mailing Address  
**8080 NORTHWEST 58TH STREET  
MIAMI FL 33166**

20000000

2. Principal Place of Business

**5405 NW 82 Ave**  
Suite, Apt. #, etc.

3. Mailing Address

**5405 NW 82 Ave**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

**Miami, FL**

City & State

4. FEI Number **65-1100106**

Applied For

Not Applicable

Zip

**33166**

Country

**U.S.A.**

Zip

Country

**U.S.A.**

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**CASAL, JULIAN  
8080 NORTHWEST 58TH STREET  
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name **CASAL, JULIAN**

Street Address (P.O. Box Number is Not Acceptable)  
**5405 NW 82 Ave**

City **Miami**

**FL**

Zip Code **33166**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/14/03**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SOUTO, JOSE ALBERTO 8080 NORTHWEST 58TH STREET MIAMI FL 33166</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SOUTO, JOSE ANGEL 8080 NORTHWEST 58TH STREET MIAMI FL 33166</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SOUTO, HAYDEE 8080 NORTHWEST 58TH STREET MIAMI FL 33166</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SOUTO, JOSE E. 8080 NORTHWEST 58TH STREET MIAMI FL 33166</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Souto, JOSE E.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SOUTO, ANGEL L 8080 NORTHWEST 58TH STREET MIAMI FL 33166</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E083 (10/02)

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:

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

**1/14/03**  
Date

**305-5949039**  
Daytime Phone #