

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

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90583 005 \*\*\*\*50.00

UBR2003

DOCUMENT # L01000006943

1. Entity Name  
**DADYO INVESTMENTS, LLC**



Principal Place of Business

Mailing Address

601 BRICKELL KEY DRIVE  
STE. 802  
MIAMI FL 33131

601 BRICKELL KEY DRIVE  
STE. 802  
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

601 Brickell Key Drive

601 Brickell Key Drive

Suite, Apt. #, etc.  
Ste. 802

Suite, Apt. #, etc.  
Ste. 802

City & State  
Miami, FL

City & State  
Miami, FL

Zip Country  
33131 USA

Zip Country  
33131 USA



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1105797**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAZQUEZ, GERARDO A  
601 BRICKELL KEY DRIVE  
STE. 802  
MIAMI FL 33131

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  Delete  
NAME **MGRM**  
STREET ADDRESS **GARCIA, CARLOS**  
CITY-ST-ZIP **601 BRICKELL KEY DRIVE**  
**MIAMI FL 33131**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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STREET ADDRESS  
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TITLE  Change  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: SIGNATURE REQUIRED *Gerardo Garcia* 4/30/03 305-371-8064  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #

CR2E083 (10/02)