

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010283

1. Entity Name
FIESTA LAPERUSA INVESTMENTS LLC



FILED

03 MAY -7 PM 12: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
360 SOUTH SHORE DRIVE
SARASOTA, FL 34234

Mailing Address
360 SOUTH SHORE DRIVE
SARASOTA, FL 34234

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
12260 Willow Grove Rd.
Suite, Apt. #, etc.
Bldg #2
City & State
Camden, DE
Zip
19934
Country
USA



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
FLETCHER, W. RICK
360 SOUTH SHORE DRIVE
SARASOTA, FL 34234

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

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

07/03--01002--012 **750.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAYNER, CRAIG A MR 12260 WILLOW GROVE ROAD CAMDEN, DE 19952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500018316635 05/07/03--01002--012 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAYNER, SYLVIA MRS 12260 WILLOW GROVE ROAD, BLDG #2 CAMDEN, DE 19952 <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	MGRM RAYNER, RONALD MR 12260 WILLOW GROVE ROAD, BLDG #2 CAMDEN, DE 19952 <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	MGRM RAYNER, MARK MR 12260 WILLOW GROVE ROAD, BLDG #2 CAMDEN, DE 19934 <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
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

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: Mark Ray Date: 4/28/2003 Daytime Phone #: 3026980911

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

CR2E088 (10/02)