


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92176 011 ****50.00

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

DOCUMENT # L02000004166

1. Entity Name
PALAZZO ESTATES GROUP, LLC



Principal Place of Business
 C/O AGI REGISTERED AGENTS, INC.
 1200 BRICKELL AVE., SUITE 900
 MIAMI, FL 33131

Mailing Address
 C/O AGI REGISTERED AGENTS, INC.
 1200 BRICKELL AVE., SUITE 900
 MIAMI, FL 33131

2. Principal Place of Business
 1110 Brickell Ave.
 Suite, Apt., etc.
 Suite 504
 City & State
 Miami, FL
 Zip
 33131
 Country
 USA

3. Mailing Address
 1110 Brickell Ave.
 Suite, Apt., etc.
 Suite 504
 City & State
 Miami, FL
 Zip
 33131
 Country
 USA



CHECK HERE IF MAKING CHANGES

4. FEI Number
 75-3013240

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 AGI REGISTERED AGENTS, INC.
 1200 BRICKELL AVE.
 SUITE 900
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name Robert Thorne
 Street Address (P.O. Box Number is Not Acceptable)
 1110 BRICKELL AVE, SUITE 504
 City Miami FL Zip Code 33131

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 4/28/03

Signature, typed or printed name of registered agent and (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

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|--|---|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BARON, ELI 1676 MICANOPY WAY MIAMI, FL 33133 | <input checked="" 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 | MGR THORNE, ROBERT F 1110 BRICKELL AVE., SUITE 604 MIAMI, FL 33131 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 606, Florida Statutes.

SIGNATURE: _____ DATE 4/28/03 (305) 424-0770

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

CR2E083 (10/02)