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30066688

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

DOCUMENT # L02000006611		
1. Entity Name 9420 W BAY HARBOR DRIVE, LLC		
Principal Place of Business 9420 W BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154		Mailing Address 9420 W BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154
2. Principal Place of Business		3. Mailing Address 2742 BISCAYNE BLVD
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State MIAMI, FL
Zip	Country	Zip 33137 Country DADE
6. Name and Address of Current Registered Agent GRISALES-RACINI, OSCAR 999 BRICKELL AVE. SUITE 700 MIAMI, FL 33131		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		FL Zip Code
B. 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 _____
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 17, 2003		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES
TITLE	MGRM <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDUARDO R. BRUKMAN	NAME
STREET ADDRESS	9420 W. BAY HARBOR DRIVE	STREET ADDRESS
CITY-ST-ZIP	BAY HARBOR ISL, FL 33154	CITY-ST-ZIP
TITLE	MGRM <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLERMO C. MANSILLA	NAME
STREET ADDRESS	9420 W. BAY HARBOR DR	STREET ADDRESS
CITY-ST-ZIP	BAY HARBOR ISL, FL 33154	CITY-ST-ZIP
TITLE	MGRM <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNESTO LUIS BRODSCHUR	NAME
STREET ADDRESS	9420 W. BAY HARBOR DR	STREET ADDRESS
CITY-ST-ZIP	BAY HARBOR ISL, FL 33154	CITY-ST-ZIP
TITLE	MGRM <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDRO ABRAN ZARSKI	NAME
STREET ADDRESS	9420 W. BAY HARBOR DR	STREET ADDRESS
CITY-ST-ZIP	BAY HARBOR ISL, FL 33154	CITY-ST-ZIP
TITLE	MGRM <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODOLFO MULIER	NAME
STREET ADDRESS	9420 W. BAY HARBOR DR	STREET ADDRESS
CITY-ST-ZIP	BAY HARBOR ISL, FL 33154	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		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: <i>Ed Brukman</i> <i>MNSA</i>		DATE: 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE

CFL0203 (201) 3802328