

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

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90028 035 ****50.00

DOCUMENT # L02000010954



1. Entity Name
CUTLER BEACH LLC

Principal Place of Business

~~7700 N. KENDALL DRIVE
SUITE 809
MIAMI FL 33156
US~~

Mailing Address

~~7700 N. KENDALL DRIVE
SUITE 809
MIAMI FL 33156
US~~

2. Principal Place of Business

3. Mailing Address

10200 OLD CUTLER ROAD

10200 OLD CUTLER ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

71-0927554

Applied For

Not Applicable

Zip
33156

Country
USA

Zip
33156

Country
USA

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

~~SALAZAR, GERMAN A
7700 N. KENDALL DRIVE
SUITE 809
MIAMI FL 33156~~

Name

MIGUEL-G. FARRA

Street Address (P.O. Box Number is Not Acceptable)

C/O MORRISON BROWN ARGIZ & CO.

1001 BRICKELL BAY DRIVE 9TH FLOOR

City

MIAMI

FL

33139

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]

MIGUEL G. FARRA

3/5/03

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM BETANCOURT, HECTOR 7700 N. KENDALL DRIVE, STE 809 MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DILLON, JOHN 7700 N. KENDALL DRIVE, STE 809 MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM QUADROS, MARIO 7700 N. KENDALL DRIVE, STE 809 MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALAZAR, EDUARDO 7700 N. KENDALL DRIVE, STE 809 MIAMI FL 33156	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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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"/> 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:

[Signature]
HECTOR P. BETANCOURT

3/5/03

(305) 373-070

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

Date Daytime Phone #

CR2E083 (10/02)