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

## FILED Feb 13, 2003 8:00 am Secretary of State

DOCUMENT # L02000016420  1. Entity Name GAVINO INVESTMENTS, L.L.C.						01-22-2003 9			
Principal Place of Business 230 SOUTH DIXIE HWY. BOCA RATON FL 33432		Mailing Address 230 SOUTH DIXIE HWY. BOCA RATON FL 33432			1 1521			<b>o</b> n <b>18</b> 0 1 <b>83</b> 1.	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		·- (:	CHECK HERE IF MA	KING CHANGES		
City & State		City & State			4. FEI Num	4. FEI Number Applied For SUSSIA Not Applied For Not Applicable			}
Zip	Country	Zip			5. Certificate of Status Desired   \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent				Nama	7. Name a	nd Address of New Registe	red Agent		-
GAVINO, VIRGINIA B 230 SOUTH DIXIE HWY. BOCA RATON FL 33432				Street Address	(P.O. Box Nurr	ber is Not Acceptable)			
<b>B</b> 00.	A DATOR I E SOUSE		•	City		****	FL Zip Cod	e	-
	named entity submits this statement fo	or the purpose of changing its	registere	ed office or registe	ered agent, or t	ooth, in the State of Florida.	<u> 1</u>	and accept	
CICNATI ICE	-								
Sidikatone -	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)	T	ATE		┨
		Make Check Payab	le to Fk	FEE IS \$50.00 orida Departme ay 1, 2003	ent of State				
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/CHAN	IGES		1_
TITLE NAME	MGRM GAVINO, UGO	Oelete	TITLI Nam	I '			Change	☐ Addition	CR2E083 (10/02)
STREET ADDRESS CITY-ST-ZIP	230 SOUTH DIXIE HWY. BOCA RATON FL 33432			ET ADDRESS -ST-ZIP					2E083
TITLE	MGRM	☐ Deleta	TITLI	I			Change	☐ Addition	წ
STREET ADDRESS	GAVINO, VIRGINIA B 230 SOUTH DIXIE HWY.		STRE	ET ADDRESS -ST-ZIP	ļ				
CITY-ST-ZIP TITLE	BOCA RATON FL 33432	Delete	TITLE		· -		☐ Change	Addition	1
NAME.		چه سیستی حصی در است. قواد کایمان داخانا	NAME OF THE	E ET ADORESS				<del></del>	1-
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	•	· · · · · · · · · · · · · · · · · · ·			
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TITLE		☐ Delete	עזוז				Change	■ Addition	
NAME STREET ADDRESS			1	ET ADDRESS -ST-ZIP					
CITY-ST-ZIP TITLE		☐ Defete	TITLE				☐ Change	☐ Addition	1
NAME			NAM STRE	E Et address	t,				
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP					
11. I hereby of indicated limited liab	ertify that the information supplied with on this report is true and accurate and bility company or the receiver or thate	n this tiling does not qualify for that my signature shall have e empowered to execute this	the exe the same report as	mption stated in S a legal effect as if r a required by Chap	ection 119.07() made under oa ster 608, Florid	3)(i), Florida Statutes. I furthe th; that I am a managing m a Statutes.	er certify that the li ember or manage	nformation of the	
SIGNAT	IN USIGNAL	Mence to the	The second	w )	1.	14-03 EUI	395-7	731	
SIGNAT	SIGNATURE AND TYPED OF BRINTED NAMED	F SIGNING MANAGING MEMBER, MA	NACER, OR	AUTHORIZED REPRES		Date	Daytime Phone #	<u> </u>	