


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

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90186 033 \*\*\*\*50.00

DOCUMENT # L02000020485  
1. Entity Name  
GREAT ISLAND HOLDINGS L.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2588 SW 27TH AVE.  
Suite, Apt. #, etc.

3. Mailing Address  
2588 SW 27TH AVE.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number  
75-308 9536

Applied For  
Not Applicable

Zip  
33133

Country  
U.S.

Zip  
33133

Country  
U.S.

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

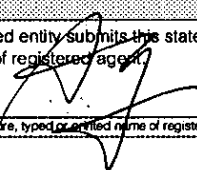
Name  
ANTONIO GARCIA

Street Address (P.O. Box Number is Not Acceptable)  
2588 SW 27TH AVE.

City  
MIAMI

FL Zip Code  
33133

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  
4/15/2003

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIVES, MAURICIO 2588 SW 27TH AVE., MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

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:  DATE  
4/15/2003

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

Date Daytime Phone #