

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90039 046 ****50.00

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

DOCUMENT # L02000027462
 1. Entity Name
CHAPARRAL HOLDINGS, LLC



30059705

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 **11-3657359** 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**

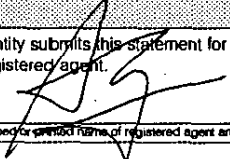
7. Name and Address of Current Registered Agent

Name **ANTONIO GARCIA**

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

City **MIAMI, FL** 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 **4/14/03**

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 RINCON, BENJAMIN 3155-V FLOWER RD. S. ATLANTA, GA 30241	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VIVES, MAURICIO 2588 SW 27TH AVE. MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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CR2E0836 (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 606, Florida Statutes.

SIGNATURE:  DATE **4/14/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #