

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

1/2 01-29-2003 90047 041 ****50.00

DOCUMENT # L02000028445



1. Entity Name
PALMARES, L.L.C.

Principal Place of Business Mailing Address
3143 N.E. 211TH STREET 3143 N.E. 211TH STREET
AVENTURA FL 33180 AVENTURA FL 33180

55007495



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **05-0542352** Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
MANUEL DINER, P.A.
141 N.E. 3RD AVENUE
SUITE 601
MIAMI FL 33132

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE <input checked="" type="checkbox"/>	MGRM <input type="checkbox"/> Delete
NAME	MINUCHIN, SALOMON
STREET ADDRESS	3143 N.E. 211TH STREET
CITY-ST-ZIP	AVENTURA FL 33180
TITLE <input type="checkbox"/>	MGRM <input type="checkbox"/> Delete
NAME	MINUCHIN, RUTH
STREET ADDRESS	3143 N.E. 211 TH STREET
CITY-ST-ZIP	AVENTURA L 33180
TITLE <input type="checkbox"/>	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/>	<input type="checkbox"/> Delete
NAME	
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TITLE <input type="checkbox"/>	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/>	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE <input type="checkbox"/>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *[Signature]* **PALMARES L.L.C** **SALOMON MINUCHIN** **305-466-4999**
Date **01/24/03** Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)