

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

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

04-11-2003 90019 030 ****55.00

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DOCUMENT # L02000031021

1. Entity Name

AVANTI PROPERTIES INTERNATIONAL, L.L.C.



Principal Place of Business

18455 MIRAMAR PKWY., PMB #208
MIRAMAR FL 33029

Mailing Address

18455 MIRAMAR PKWY., PMB #208
MIRAMAR FL 33029

2. Principal Place of Business

18401 MIRAMAR PKWY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

Zip

33029

COUNTRY BROWARD

Country

4. FEI Number

32-0051051

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ROJAS, PETER J
18455 MIRAMAR PKWY., PMB #208
MIRAMAR FL 33029

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Peter J. Rojas

4/08/03

FILE NOW!!! FEE IS \$50.00 + 5.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: PETER J. ROJAS
STREET ADDRESS: 18455 MIRAMAR PKWY, #208
CITY-ST-ZIP: MIRAMAR, FL 33029 Delete

TITLE: MGR
NAME: LUJZA M. MARQUEZ-ROJAS
STREET ADDRESS: 18455 MIRAMAR PKWY, #208
CITY-ST-ZIP: MIRAMAR, FL 33029 Delete

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____ Delete

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STREET ADDRESS: _____
CITY-ST-ZIP: _____ Delete

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____ Delete

10. ADDITIONS/CHANGES

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____ Change Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____ Change Addition

TITLE: _____
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STREET ADDRESS: _____
CITY-ST-ZIP: _____ Change Addition

TITLE: _____
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STREET ADDRESS: _____
CITY-ST-ZIP: _____ Change Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____ Change Addition

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-ST-ZIP: _____ Change 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:

Peter J. Rojas
PETER J. ROJAS (MGRM)

4/08/03 991-436-0781

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

Date

Daytime Phone #

CR2E083 (10/02)