

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
---AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MAM

DOCUMENT # **L98000001986**

1. Entity Name
WETLANDS CONSERVATION PROJECT, LLC

Principal Place of Business 1717 N. BAYSHORE DR., STE 114 MIAMI FL 33132	Mailing Address 1717 N. BAYSHORE DR., STE 114 MIAMI FL 33132-1196
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2. Principal Place of Business 1717 North Bayshore Suite, Apt. #, etc. Suite 208	3. Mailing Address 1717 North Bayshore Suite, Apt. #, etc. Suite 208
City & State Miami, Florida	City & State Miami, Florida
Zip 33132	Country USA

4. FEI Number 65-0874182	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

S & K PROPERTY MANAGEMENT, INC.
1717 N. BAYSHORE DRIVE., STE 114
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name
S&K Property Management, Inc.
Street Address (P.O. Box Number is Not Acceptable)
1717 North Bayshore Dr.
Suite 208
City
Miami **FL** Zip Code
33132

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.

SIGNATURE *Lidia Cartaya* **Lidia Cartaya, Vice President**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **4/27/00**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GULL HOUSE PARTNERS, INC. 1717 N. BAYSHORE DR., SUITE 104 MIAMI FL 33132 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400003251214-3 <input type="checkbox"/> Change <input type="checkbox"/> Addition -05/12/00--01121--004 *****\$5.00 *****\$5.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400003251214-3 <input type="checkbox"/> Change <input type="checkbox"/> Addition -05/12/00--01121--005 *****\$50.00 *****\$50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lidia Cartaya* **Lidia Cartaya, Vice President** **4/27/00** **305 577-3885**
Signature and typed or printed name of signing managing member or manager Date Daytime Phone #

CR2E083 (9/99)