


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90013 047 \*\*\*\*50.00

**DOCUMENT # L98000002252**

1. Entity Name  
**BONANZA PROPERTIES L.C.**



Principal Place of Business      Mailing Address  
**8500 SW 8TH STREET, SUITE 228**      **8500 SW 8TH STREET, SUITE 228**  
**MIAMI FL 33144**      **MIAMI FL 33144**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**MACHADO, JOSE L**  
**8500 SW 8TH STREET, SUITE 238**  
**MIAMI FL 33144**

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	HERRAN, AGUSTIN	8500 SW 8TH STREET, SUITE 228	MIAMI FL 33144	<input type="checkbox"/>
MGRM	GUERRA, ARMANDO	8500 SW 8TH STREET, SUITE 228	MIAMI FL 33144	<input type="checkbox"/>
MGRM	HERRAN, MANUEL A	8500 SW 8TH STREET, SUITE 228	MIAMI FL 33144	<input type="checkbox"/>
MGRM	HERRAN, EMILIANO	8500 SW 8TH STREET, SUITE 228	MIAMI FL 33144	<input type="checkbox"/>
MGRM	GUERRA, ANAMARIA	8500 SW 8TH STREET, SUITE 228	MIAMI FL 33144	<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**      **MARCH 28, 2003**      **(305) 262-6533**

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

CR2E083 (10/02)