


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

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

01-24-2003 90252 004 ****50.00

DOCUMENT # **L99000003062**

1. Entity Name
ANORCA, L.L.C.



Principal Place of Business Mailing Address

**8314 N.W. SOUTH RIVER DRIVE
MEDLEY FL 33166** **8314 N.W. SOUTH RIVER DRIVE
MEDLEY FL 33166**

2. Principal Place of Business 3. Mailing Address

8222 N.W. South River Dr **8222 N.W. South River Dr**

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

City & State City & State

Medley FL **Medley FL**

Zip Country Zip Country

33166 **USA** **33166** **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For

65-0929776 Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, RAFAEL A
600 BRICKELL AVENUE, SUITE 203A
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: **Rafael A. Perez**

Street Address (P.O. Box Number is Not Acceptable): **201 Alhambra Circle**

Suite: **702**

City: **Coral Gables FL** FL Zip Code: **33166**

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: **Rafael A. Perez** DATE: **1-21-02**

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	MGRM	<input type="checkbox"/> Delete
NAME	CASARIEGO, HUMBERTO F	
STREET ADDRESS	8314 N.W. SOUTH RIVER DRIVE	
CITY-ST-ZIP	MEDLEY FL 33166	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CASARIEGO, ORLANDO J	
STREET ADDRESS	8314 N.W. SOUTH RIVER DRIVE	
CITY-ST-ZIP	MEDLEY FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Casariago, Humberto F.	
STREET ADDRESS	8222 N.W. South River Dr	
CITY-ST-ZIP	Medley FL 33166	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Casariago, Orlando J.	
STREET ADDRESS	8222 N.W. South River Dr.	
CITY-ST-ZIP	Medley FL 33166	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<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 REQUIRED** Date: **1-10-03** Daytime Phone #: **(305) 827-9078**

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

CR2E083 (10/02)