

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUN 29 PM 1:29

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**DOCUMENT # A99000000592**

1. Entity Name

Little River Development Ltd.

Principal Place of Business

150 Alhambra Circle  
Suite 1270  
Coral Gables, FL 33134

Mailing Address

150 Alhambra Circle  
Suite 1270  
Coral Gables, FL 33134

2. Principal Place of Business

150 Alhambra Circle

3 Mailing Address

150 Alhambra Circle

Suite, Apt. #, etc.

Suite 1270

Suite, Apt. #, etc.

Suite 1270

DO NOT WRITE IN THIS SPACE

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number

65-0909528

Applied For

Not Applicable

Zip

33134

County

Miami-Dade

Zip

33134

County

Miami-Dade

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Jose A. Rodriguez, Esq.  
150 Alhambra, Suite 1270  
Coral Gables FL 33134

7. Name and Address of New Registered Agent/Office

Name  
Jose A. Rodriguez, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
777 Brickell Avenue, Suite 950  
Suite, Apt. #, etc.  
City  
Miami  
FL  
Zip Code  
33131

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

*[Signature]*  
Registered Agent Accepting Appointment (NOTE: Registered Agent signature required when reinstating)

DATE 6/12/00

9. Capital Contributions as Shown on record. \$580,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$580,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner

12. GENERAL PARTNER INFORMATION

DOCUMENT# P99000032563  
NAME New Conversion Inc.  
STREET ADDRESS 150 Alhambra, Suite 1270  
CITY - ST - ZIP Coral Gables FL 33134

13. ADDRESS CHANGE ONLY

STREET ADDRESS  
CITY - ST - ZIP  
STREET ADDRESS ~~8000003313858~~  
CITY - ST - ZIP ~~-07/05/00-01111-004~~  
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

*[Signature]* Jose A. Rodriguez, PRES. 6/12/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER OF GP Date Daytime Phone