

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jul 13, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # A99000000592**

1. Entity Name  
 LITTLE RIVER DEVELOPMENT LTD.

Principal Place of Business	Mailing Address
150 ALHAMBRA CIRCLE SUITE 1270 CORAL GABLES FL 33134	150 ALHAMBRA CIRCLE SUITE 1270 CORAL GABLES FL 33134

2. Principal Place of Business	3. Mailing Address
2730 SW 3 AVENUE Suite, Apt. #, etc. SUITE 203 City & State MIAMI FL	150 ALHAMBRA CIRCLE Suite, Apt. #, etc. SUITE 1270 City & State CORAL GABLES FL
Zip 33129	Country US
Zip 33134	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0909528</b>	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

RODRIGUEZ JOSE AESQ.  
 777 BRICKELL AVENUE, SUITE 950  
 MIAMI FL 33131 US

**7. Name and Address of New Registered Agent**

Name  
 RODRIGUEZ JOSE AESQ.  
 Street Address (P.O. Box Number is Not Acceptable)  
 150 ALHAMBRA CIRCLE  
 SUITE 1270  
 City  
 CORAL GABLES FL Zip Code  
 33134

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 \_\_\_\_\_ DATE **07/13/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. 580,000.00	10. Amount of Capital Contributions in FLORIDA to date. 580,000.00
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**11. MAKE CHECK PAYABLE TO DEPT. OF STATE**  
**SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT 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 #	NEW CONVERSION INC.
NAME	150 ALHAMBRA CIRCLE, SUITE 1270
STREET ADDRESS	CORAL GABLES FL 33134
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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:** ALBERTO MILO, JR. PRES 07/13/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)