2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000001144 LOS PORTALES PHASE III, LLC

Aug 18, 2002 8:00 am Secretary of State 01-21-2002 90057 025 ****55.00

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Street Address (P.C. Box Number is Not Acceptable)					Name) A E90	TIN DEDDO	MAD	
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, the obligations of registered agent. Signature Synature typed or printed name of registered agent and too if epitement agent agent and too if epitement agent and too if epitement agent and too if epitement agent and too if epitement agent			lumber is Not Acceptable)	ress (P.O. Box N	Street Ad		AVE., SUITE 2100	BRICKELL	1221	
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SIGNATURE Signature, typed or profeted name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE	r with, and accep	ia. I am familiar with	or both, in the State of Florida. 1 a	gistered agent, o	registered office or I	for the purpose of changing its r	y submits this statement fo	named entity	8. The above	
Signature, hyper or printed name of registered agent and title I lappicable. FILE NOW!!! FEE IS \$50,00 Make Check Payable to Department of State Due By September 25, 2002 9.							iorod ugom.	dono or registr	_	
S. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGR. CAYON, MAURICE 3822 WEST 12TH AVE. HIALEAH FL 33012 Delete MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP Delete MAME STREET ADDRESS CITY-ST-ZIP		DATE	ng) DAT	required when reinstating	E: Registered Agent signatur	int and title if applicable. (NOTE:	or printed name of registered agent	Signature, typed of	SIGNATURE	
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I hereby certify that the information supplied with this filling 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED IN ME OF SIGN