

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90082 005 \*\*\*\*50.00

**DOCUMENT # L00000001502**

1. Entity Name

**PEBBLE COURT APARTMENTS, L.L.C.**

Principal Place of Business

9485 SUNSET DR., STE. A-292  
 MIAMI FL 33173

Mailing Address

9485 SUNSET DR., STE. A-292  
 MIAMI FL 33173

2. Principal Place of Business

3350 NW South River Drive

3. Mailing Address

3350 NW South River Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

Zip

33142

Country

USA

Zip

33142

Country

USA

5. Certificate of Status Desired

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

DIAZ CORDERO, ANA  
 9485 SUNSET DR., STE. A-292  
 MIAMI FL 33173

7. Name and Address of New Registered Agent

Name Alejandro Diaz

Street Address (P.O. Box Number is Not Acceptable)

3350 NW South River Drive

City Miami

FL

Zip Code 33142

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
 NAME DIAZ, ALEJANDRO  
 STREET ADDRESS 13954 SW 36 STREET  
 CITY-ST-ZIP MIAMI FL 33175

TITLE MGR  
 NAME DIAZ CORDERO, ANA  
 STREET ADDRESS 9485 SUNSET DR., STE. A-292  
 CITY-ST-ZIP MIAMI FL 33173

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
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 STREET ADDRESS  
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 CITY-ST-ZIP

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

01/24/02

305-858-7892

Date

Daytime Phone

CR2E083 (9/01)