LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

3/1

FILED
Mar 26, 2003 8:00 am
Secretary of State
03-13-2003 90004 009 ****50.00

DOCUMENT # L00000003845

1. Entity Name
Gardens Properties, LLC

J5U19664

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
470 Biltmore Way	470 Biltmore Way
Suite, Apt. #, etc.: 100	Suite, Apt. #, etc.: 100
City & State: Coral Gables, Fl	City & State: Coral Gables, Fl
Zip: 33134 Country: USA	Zip: 33134 Country: USA

4. FEI Number: 65-1021159 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Firpo Garcia

Street Address (P.O. Box Number is Not Acceptable): 470 Biltmore Way

Suite 100

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 3/6/03
Signature, type or print name of registered agent and title if applicable — DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER - managing Member Firpo Garcia 470 Biltmore Way Coral Gables, Fl 33134	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083B (12/02)

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] 3/7/03 305-448-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #