2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005923

1. Entity Name

THE BOCCARASSA GROUP, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -3 PM 1:59

Principal Place of Business	Mailing Address
2701 Ponce De Leon Blvd Suite #202 Coral Gables, FL 33134	2701 Ponce De Leon Blvd Suite #202 Coral Gables, FL 33134

2. Principal Place of Business	3. Mailing Address
	~~104 Crandon Blvd.~~
Suite, Apt. #, etc.	Suite, Apt. #, etc. ~~Suite #407~~
City & State	City & State ~~Key Biscayne, FL~~
Zip / Country	Zip ~~33149~~ / Country ~~USA~~

DO NOT WRITE IN THIS SPACE

4. FEI Number — [X] Applied For — [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASTANO, WILLIAM 2701 Ponce De Leon Blvd. Suite #202 Coral Gables, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/T MARCELO L. RADICE 255 E. Enid Drive Key Biscayne, FL 33149 [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILLIAM CASTANO 2701 Ponce De Leon Blvd., Ste. 202 Coral Gables, FL 33134 [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition 000004719430--3 -12/11/01--01086--007 *****50.00 *****50.00
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CR2E083 (11/00)

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] 11/24/01

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

2062

THE BOCCARASSA GROUP, LLC
104 CRANDON BLVD., STE. #407
KEY BISCAYNE, FL 33149

October 16, 2001

Uniform Business Report
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: ***The Boccarassa Group, LLC***
Document #L00000005923
2001 Uniform Business Report

Gentlemen:

Enclosed find our 2001 Annual Report and our $50.00 check for the filing fee.

Please be advised that it is the policy of our company to pay all bills upon receipt. Consequently if this has not been paid we undoubtly never received it.

We apologize for any inconvenience and thank you for your cooperation in this matter.

Sincerely,

Mr. Marcelo L. Radice
President