

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90044 023 \*\*\*\*50.00

**DOCUMENT # L00000008663**

1. Entity Name  
**GATO PROPERTIES, L.L.C.**



Principal Place of Business      Mailing Address  
**9475 NW 89TH AVENUE**      **9475 NW 89TH AVENUE**  
**MIAMI FL 33178**                      **MIAMI FL 33178**

**20019278**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number **65-1033213**      Applied For  
Not Applicable

Zip      Country      Zip      Country      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

**VARA, ADALBERTO**  
**9475 NW 89TH AVENUE**  
**MIAMI FL 33178**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VARA, ADALBERTO</b>	NAME	
STREET ADDRESS	<b>9475 NW 89TH AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	CITY-ST-ZIP	
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VARA, CARLOS A</b>	NAME	
STREET ADDRESS	<b>9475 NW 89TH AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	CITY-ST-ZIP	
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VARA, TERESITA</b>	NAME	
STREET ADDRESS	<b>9475 NW 89TH AVENUE</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33178</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 REQUIRED      Date: 1/9/03      Daytime Phone #: 305 885 6047

CR2E083 (10/02)