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2003 APR 17 PM 2:20

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000008664			
1. Entity Name PRG, L.C.			
Principal Place of Business 9935 NW 43RD TERRACE MIAMI, FL 33178		Mailing Address 9935 NW 43RD TERRACE MIAMI, FL 33178	
2. Principal Place of Business 9336 NW 50 DORAL CIR.N. Suite, Apt. #, etc.		3. Mailing Address 9336 NW 50 DORAL CIR.N. Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33178	Country DADE	Zip 33178	Country DADE
4. FEI Number 65-1029309		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RUIZ, PALOMA 9935 NW 43RD TERRACE MIAMI, FL 33178		7. Name and Address of New Registered Agent Name PALOMA RUIZ Street Address (P.O. Box Number is Not Acceptable) 9336 NW 50 DORAL CIR.N. City MIAMI FL Zip Code 33178	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when registering)</small>			
<p><b>FILE NOW!!! FEES \$350.00</b>          Make Check Payable to Florida Department of State          Due By May 17, 2003</p>			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RUIZ, PALOMA 9935 NW 43RD TERRACE MIAMI, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PALOMA RUIZ 9336 NW 50 DORAL CIR.N. MIAMI, FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RUIZ, JOSE I 9935 NW 43RD TERRACE MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CARLOS H. MARINA 9336 NW 50 DORAL CIR.N. MIAMI, FL 33178 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Paloma J. Ruiz</u>		4/12/03 305-436-5400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	



CHECK HERE IF MAKING CHANGES

CR2003 (10/02)

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