

2001 UNIFORM BUSINESS REPORT (UBR)

XXX 30 AF

DOCUMENT # L00000011588

1. Entity Name
G.L. XXI, L.L.C.

FILED

01 JAN 29 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
536 BILTMORE WAY
CORAL GABLES FL 33134

Mailing Address
536 BILTMORE WAY
CORAL GABLES FL 33134

2. Principal Place of Business
7041 Grand National Dr.

3. Mailing Address
7041 Grand National Dr.

Suite, Apt. #, etc.
Suite 120

Suite, Apt. #, etc.
Suite 120

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number Applied For
Not Applicable

Zip Country
32819

Zip Country
32819

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CUEVAS & RUBIN, P.A.
536 BILTMORE WAY
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
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 _____ (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 Delete
NAME MGRM
STREET ADDRESS GALIZIA, GIUSEPPE
CITY-ST-ZIP 536 BILTMORE WAY
CORAL GABLES FL 33134

Change Addition
700003623967--4
-02/02/01--01026--003
*****50.00 *****50.00

TITLE Delete
NAME MGRM
STREET ADDRESS DE GALIZIA, AMARELYS L
CITY-ST-ZIP 536 BILTMORE WAY
CORAL GABLES FL 33134

Change Addition

TITLE Delete
NAME MGRM
STREET ADDRESS DE LORELLI, URSULA B
CITY-ST-ZIP 536 BILTMORE WAY
CORAL GABLES FL 33134

Change Addition

TITLE Delete
NAME MGRM
STREET ADDRESS GALIZIA, PIETRO
CITY-ST-ZIP 536 BILTMORE WAY
CORAL GABLES FL 33134

Change Addition

TITLE Delete

Change Addition

TITLE Delete

Change 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: Amarelis De Galizia SIGNATURE REQUIRED: AMARELYS DE GALIZIA 1/23/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)