

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

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90087 009 *****50.00

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DOCUMENT # L00000011840

1. Entity Name

QUAIL ROOST BUILDING VENTURES LLC



Principal Place of Business

**10348 S.W. 186TH ST.
MIAMI FL 33157**

Mailing Address

**C/O JOSEPH F. LOPEZ ESQ.
250 BIRD RD.. SUITE 302
CORAL GABLES FL 33146**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1157 Sweetwater Rd.

Suite, Apt. #, etc.

City & State

Spring Valley, CA

4. FEI Number **65-1049395**

Applied For
Not Applicable

Zip Country

91977 USA

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

6. Name and Address of Current Registered Agent

**LOPEZ, JOSEPH F
250 BIRD RD., STE. 302
CORAL GABLES FL 33146**

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. 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM WIENER, STEVE <input type="checkbox"/> Delete C/O JOSEPH F. LOPEZ, ESQ. 250 BIRD RD.#302 CORAL GABLES FL 33146	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM ANDRUS, W.H. <input type="checkbox"/> Delete C/O JOSEPH F. LOPEZ, ESQ 250 BIRD RD.#302 CORAL GABLES FL 33146	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
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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: W.H. Andrus **William H. Andrus** 1/15/03 (305) 444-4375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CFR2E083 (10/02)