2001 UNIFORM BUSINESS REPORT (URB)

DOCU	JMENT	# L000	00001			FILED								
GERSO INVESTMENTS, L.L.C.								01 APR 10 AM 7: 54						
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Principal Pla 1600 SW 2N MIAMI FL 33		1600	Mailing Address 1600 SW 2ND AVE. MIAMI FL 33129				SECRETARY OF STATE TALLAHASSEE, FLORIDA							
-						•	1		 	. 				
2. Principai l	Place of Busin	ness	3. Mail	3. Mailing Address										
Suite, Apt	. #, etc.	Suite	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE							
City & State			City	City & State				4. FEI Number Applied For 65–1057894 Not Applicable					e)	
Zip `	Country		Zip	Zip		Country			ficate of Status Desired	F	\$5.00 Ad Fee Require		7	
	6. Name	and Address of Curr	ent Registere	d Agent		ļ <u> </u>			e and Address of Nev	Registered			_	
SOTELO, HUGO								elo, Hugo						
1611 SW 2ND AVE. #1						Street Address (P.O. Box Number is Not Acceptable)								
MIAMI FL	L 33129						1600 SW 2nd Ave.							
						City Miami FL Zip Code 33129						7		
8. The above	8. The above named enjity subhits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.													
SIGNATURE Trup out Valuary HUGO GOTELO 04/02/01														
	Signature typed	printed name of registered a	pent and title if appli	cable. (NOT	E: Registered	d Agent signature	e required who	en reinstatii	ng)	DATE		1	_	
			-			FEE IS \$5								
				Make Check Pa	ayable to	o Departm	nent of S	State						
9.		MANAGING ME	MBERS/MEM		10.				ADDITION	S/CHANGES			╡,	
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STREET ADDRESS CITY-ST-ZIP						T ADDRESS					* *	:		
11. I hereby c	ertify that the	information supplied v	vith this filing o	loes not qualify for	r the exer	ST-ZIP nption state	d in Section	on 119.0	7(3)(i), Florida Statutes	s, I further cer	tify that the ir	nformation	1	
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 eath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.														
SIGNAT	SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Plone #													