

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014905

1. Entity Name

SANTORIN, L.L.C.

Principal Place of Business

888 Brickell Key Dr
Suite 705
Miami, Fl. 33131

Mailing Address

1301 Galiano St
Apt. B
Coral Gables, Fl, 33134

FILED

01 AUG 31 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

888 Brickell Key Dr
Suite, Apt. #, etc.
705
City & State
Miami - Fl.

3. Mailing Address

1301 Galiano St.
Suite, Apt. #, etc.
Apt. B
City & State
Coral Gables - Fl.

DO NOT WRITE IN THIS SPACE

City & State

Miami - Fl.

City & State

Coral Gables - Fl.

4. FEI Number

Applied For

Not Applicable

Zip
33131

Country

USA

Zip
33134

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~Gavidia Blanco, Nicanor
1301 Galiano St.
Apt. B
Coral Gables - Fl. 33134~~

7. Name and Address of New Registered Agent

Name ~~Nicanor Gavidia Blanco~~
Street Address (P.O. Box Number is Not Acceptable)
1301 Galiano St
Apt. B
City Coral Gables FL Zip Code 33134

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 Nicanor Gavidia
Signature, typed or printed name of registered agent and title if applicable.

Nicanor Gavidia
(NOTE: Registered Agent's return is required when re-appointing)

08/27/01
DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

600004574576--1
-09/07/01--01020--001
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
President	Nicanor Gavidia	888 Brickell Key Drive, Suite 705	MIAMI - FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
President	Nicanor Gavidia	1301 Galiano St. Apt. B	Coral Gables - Fl. 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: NICANOR GAVIDIA

Nicanor Gavidia

08/27/01

305-442-12-55

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #