

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014933

1. Entity Name

SUTTONWOOD FLORIDA PROPERTIES, LC

FILED *WR 6/12*

01 MAY 24 PM 3:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business <i>145 MADEIRA AVE SUITE 310 CORAL GABLES FL. 33134</i>	Mailing Address <i>145 MADEIRA AVE SUITE 310 CORAL GABLES FL. 33134</i>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>65-106-1773</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
*SANCHEZ DE VARONA, RAVI.
145 MADEIRA AVE.
SUITE 310.
CORAL GABLES FL. 33134.*

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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

3000004422513--1
-06/15/01--01062--015
*******50.00 *****50.00**

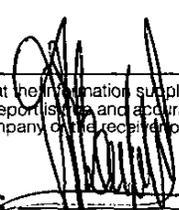
9. MANAGING MEMBERS/MEMBERS

TITLE	<i>D Miguel Angel Barbaqallo</i>	<input type="checkbox"/> Delete
NAME	<i>145 MADEIRA AVE</i>	
STREET ADDRESS	<i>CORAL GABLES FL 33134</i>	
CITY-ST-ZIP		
TITLE	<i>D EDGARDO DEFORTUNA</i>	<input type="checkbox"/> Delete
NAME	<i>145 MADEIRA AVE</i>	
STREET ADDRESS	<i>CORAL GABLES FL 33134</i>	
CITY-ST-ZIP		
TITLE	<i>D JUAN PABLO BAYONA</i>	<input type="checkbox"/> Delete
NAME	<i>145 MADEIRA AVE</i>	
STREET ADDRESS	<i>CORAL GABLES FL. 33134</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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, officer, receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____

CR2E083 (1/100)