

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90213 032 \*\*\*\*50.00

DOCUMENT # L00000015062

1. Entity Name

PRAIRIE FLORIDA PROPERTIES, LC

Principal Place of Business

145 MADEIRA AVENUE, SUITE 310  
 CORAL GABLES FL 33134

Mailing Address

145 MADEIRA AVENUE, SUITE 310  
 CORAL GABLES FL 33134

2. Principal Place of Business

1300 Brickell Ave

3. Mailing Address

1300 Brickell Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

Country

33131

Zip

Country

33131

4. FEI Number

65-1061651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANCHEZ DE VARONA, RAUL J  
 145 MADEIRA AVE.  
 SUITE 301  
 CORAL GABLES FL 33134

Name

Juan Pablo Bayona

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

1300 Brickell Ave

City

Miami

FL

Zip Code

33131

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete  
 NAME BARBAGALLO, MIGUEL ANGEL  
 STREET ADDRESS 145 MADEIRA AVENUE, SUITE 310  
 CITY-ST-ZIP CORAL GABLES FL 33134

TITLE MGRM ☐ Change ☒ Addition  
 NAME Enrique Dillon  
 STREET ADDRESS 1300 Brickell Ave  
 CITY-ST-ZIP Miami FL 33131

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Enrique Dillon*  
 SIGNATURE REQUIRED  
 Enrique Dillon

4/30/02

305-351-1000

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

Date

Daytime Phone #

CR2E083 (9/01)