2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
05-20-2002 90298 001 ***250.00

DOCUMENT # L00000015704

1. Entity Name

R & A PROPERTY HOLDINGS, LLC

Principal Place of Business	Mailing Address
	1200 BRICKELL AVE. SUITE 900 C/O AGI REGISTERED AGENTS INC. MIAMI FL 33131

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1200 Brickell Ave			
Suite, Apt. #, etc. Suite 900		Suite, Apt. #, etc.	
City & State Miami Florida		City & State	
Zip 33131	Country U.S.A	Zip	Country

4. FEI Number 65-1068415 ☐ 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
AGI REGISTERED AGENTS, INC. 1200 BRICKELL AVE. SUITE 900 MIAMI FL 33131	Name AGI Registered Agents Inc. Street Address (P.O. Box Number is Not Acceptable) 1200 Brickell Avenue Suite 900 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] President DATE 4/30/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Rovira, Carlos		NAME		
STREET ADDRESS	3500 N.W. 9 Ave.		STREET ADDRESS		
CITY-ST-ZIP	Miami, Fl. 33122		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Avino, Ernesto		NAME		
STREET ADDRESS	3500 N.W 9 Ave.		STREET ADDRESS		
CITY-ST-ZIP	Miami, Fl. 33122		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: [signature] Atty in fact 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #