


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90078 005 \*\*\*\*50.00

**DOCUMENT # L01000002976**

1. Entity Name  
**AGUILAR RODRIGUEZ & ASSOCIATES, L.L.C.**



Principal Place of Business      Mailing Address

**2250 S.W. 3RD AVENUE, 5TH FLOOR  
MIAMI FL 33129**      **2250 S.W. 3RD AVENUE, 5TH FLOOR  
MIAMI FL 33129**

2. Principal Place of Business      3. Mailing Address

**150 ALHAMBRA CIRCLE**      **150 ALHAMBRA CIRCLE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**SUITE 1150**      **SUITE 1150**

City & State      City & State

**CORAL GABLES, FL**      **CORAL GABLES, FL**

Zip      Country      Zip      Country

**33134**      **USA**      **33134**      **USA**

4. FEI Number      Applied For

**65-1153926**       Not Applicable

5. Certificate of Status Desired      \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HATTON, DAVID L.**  
**2250 S.W. 3RD AVENUE, 5TH FLOOR**  
**MIAMI FL 33129**

7. Name and Address of New Registered Agent

Name      **HATTON, DAVID L.**

Street Address (P.O. Box Number is Not Acceptable)  
**150 ALHAMBRA CIRCLE**

**SUITE 1150**

City      **CORAL GABLES**      State      **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE      *David L Hatton*      **DAVID L HATTON**      DATE      **4/21/03**

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE	<b>MGR</b> <input type="checkbox"/> Delete
NAME	<b>HATTON, DAVID</b>
STREET ADDRESS	<b>2250 S.W. 3RD AVENUE, 5TH FLOOR</b>
CITY-ST-ZIP	<b>MIAMI FL 33129</b>
TITLE	<b>MGR</b> <input type="checkbox"/> Delete
NAME	<b>AGUILAR, LUIS</b>
STREET ADDRESS	<b>407 AV. FRANCISCO DE MIRANDA</b>
CITY-ST-ZIP	<b>LOS RUICES CARACAS 1071</b>
TITLE	<b>MGR</b> <input type="checkbox"/> Delete
NAME	<b>AGUILAR, CARLOS</b>
STREET ADDRESS	<b>452 RIDGEWOOD ROAD</b>
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>
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	<b>MGR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVID HATTON</b>
STREET ADDRESS	<b>150 ALHAMBRA CIRCLE, SUITE 1150</b>
CITY-ST-ZIP	<b>CORAL GABLES, FL - 33134</b>
TITLE	<b>MGR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUIS AGUILAR</b>
STREET ADDRESS	<b>407 AV. FRANCISCO DE MIRANDA</b>
CITY-ST-ZIP	<b>LOS RUICES CARACAS 1071</b>
TITLE	<b>MGR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARLOS AGUILAR</b>
STREET ADDRESS	<b>452 RIDGEWOOD ROAD</b>
CITY-ST-ZIP	<b>KEY BISCAYNE, FL. 33149</b>
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:      *David L Hatton*      **DAVID L HATTON**      Date      **4/21/03**      Daytime Phone #      **305-858-0220**

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

CR2E083 (10/02)