

# 2004 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

001888

DOCUMENT # L01000003640	
1. Entity Name C.Z. INVESTMENTS L.L.C.	



Principal Place of Business 400 SURFSIDE BOULEVARD SURFSIDE FL 33154	Mailing Address 400 SURFSIDE BOULEVARD SURFSIDE FL 33154
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2. Principal Place of Business	3. Mailing Address 1150 N.W. 72nd Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. 555
City & State	City & State Miami, FL
Zip	Country USA

6. Name and Address of Current Registered Agent DARROW, KENNETH F. ESQ. 9400 SOUTH DADELAND BOULEVARD PENTHOUSE 5 MIAMI FL 33156	
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4. FEI Number 65-1087287	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZAFFARONI CAMACHO, LUCIA 400 SURFSIDE BOULEVARD SURFSIDE FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALVENTO, FERNANDO A 400 SURFSIDE BOULEVARD SURFSIDE FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 <i>[Signature]</i>	SIGNATURE RECEIVED <i>[Signature]</i>	Date <i>4/12/03</i>	Daytime Phone # <i>704 994 7537</i>
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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES