

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90021 023 ****50.00

DOCUMENT # L01000004663

1. Entity Name
L & C INVESTMENT PROPERTIES L.C.

Principal Place of Business Mailing Address
18755 BISCAYNE BLVD. **18755 BISCAYNE BLVD.**
AVENTURA FL 33180 **AVENTURA FL 33180**

B0048228



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------|---|------------------------|---|----------------|
| 2. Principal Place of Business | | 3. Mailing Address 338 Minorca Avenue | | 4. FEI Number 65-1143933 | Applied For |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | Not Applicable |
| City & State | | City & State Coral Gables, Florida | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| Zip | Country | Zip 33134 | Country U.S. | | |

| | | | | | |
|---|--|--|---|--|--|
| 6. Name and Address of Current Registered Agent CABEZA, MANUEL E 338 MINORCA AVE. CORAL GABLES FL 33134 | | | 7. Name and Address of New Registered Agent Name International Registered Agents Corporation Street Address (P.O. Box Number is Not Acceptable) 338 Minorca Avenue City Coral Gables 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.
 SIGNATURE **Maria Elena Cabeza, President** *[Signature]* **March 11, 2002**
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 NAME STREET ADDRESS CITY-ST-ZIP | MGR Villa, Leonardo Carrera 7 No. 139-20 Apt..501 T. 3. Bogota, Colombia <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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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]* **Leonardo Villa, Manager** **Feb 27th / 02** **(305) 444-7282**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)