

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2003 8:00 am**  
**Secretary of State**

02-20-2003 90019 034 \*\*\*\*55.00

**DOCUMENT # L01000005290**

1. Entity Name

**GAVIOTA HOLDINGS, LLC**



Principal Place of Business

**3936 SO. SEMORAN BLVD  
STE 279  
ORLANDO FL 32822**

Mailing Address

**3936 SO. SEMORAN BLVD  
STE 279  
ORLANDO FL 32822**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2607694**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**URESTE, HOMERO  
4413 SO. SEMORAN BLVD., STE 6  
ORLANDO FL 32822**

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 *Homero Ureste Managing Mgr.*

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

(NOTE: Registered Agent signature required when reinstating)

**02-12-03**

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete  
NAME **ORESTE, HONCRO**  
STREET ADDRESS **3930 SENDRON BLVD. STE 279**  
CITY-ST-ZIP **ORLANDO FL 32822**

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

TITLE ~~ORESTE, HONCRO~~ ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **Managing Manager** ☐ Delete  
NAME **HOMERO URESTE**  
STREET ADDRESS **3936 SO. SEMORAN BLVD. STE 279**  
CITY-ST-ZIP **ORLANDO, FLORIDA 32822**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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: *Homero Ureste* **REQUIRED**

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

**02/12/03**

Date

**407-451-7504**

Daytime Phone #

CR2E083 (10/02)