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FILED
Jul 09, 2002 8:00 am
Secretary of State

05-15-2002 90134 035 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000006092

1. Entity Name

SOUTH BAY DEVELOPERS V, L.C.

Principal Place of Business	Mailing Address
104 CRANDON BLVD., SUITE 306 KEY BISCAYNE FL 33149	104 CRANDON BLVD., SUITE 306 KEY BISCAYNE FL 33149

96856

DO NOT WRITE IN THIS SPACE

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: 65-1102064 ☐ 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
CABRERA, ORLANDO J ESQ. 701 BRICKELL AVE., SUITE 1900 MIAMI FL 33131	Name: CORTES, ROBERTO / ALLEGIANCE PARTNERS Street Address (P.O. Box Number is Not Acceptable): 104 CRANDON BLVD. SUITE 308 City: KEY BISCAYNE FL Zip Code: 33149

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 X [signature] 04/26/02

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	☐ Delete	TITLE: PRESIDENT NAME: ROBERTO CORTES STREET ADDRESS: 104 CRANDON BLVD - 308 CITY-ST-ZIP: KEY BISCAYNE, FL-33149	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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: X [signature] X 04/26/02 (305) 365 7676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #