## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## FILED May 01, 2002 8:00 am

| DOCUMENT # LOIOOOOOTO<br>1. Entity Name<br>BGR DEVELOPHENT, LLC<br>4647 NW III COURT   | Secretary of State<br>04-07-2002 90565 005 ****50.00  |
|--|---|
| DO NOT WRITE IN THIS   | S SPACE 27198   |
| Suite, Apt. #, etc. Suite, Apt. #, e   | w III coult   |
| City & State  MIAMI, FL 33178  Zip  33178  Country  Solution  City & State  HIAI  Zip  33178  Country  33178  Country  3317  | S. Certificate of Status Desired Status Desired Fee Required  |
| DO NOT WRITE<br>IN THIS SPACE  | 7. Name and Address of Current Registered Agent  Name  CESA (2-BA (2-ON)  Street Address (P.O. Box Number is Not Acceptable)  4647 NW |
| 8. The above named entity submits this statement for the purpose of char SIGNATURE  Signature. typed or printed name of registered agent and title if applicable.  | City HIAHI FL Zip Code.  Anging its registered office or registered agent, or both, in the State of Florida.                          |
|  | FEE IS \$50.00 eck Payable to Department of State DUE BY MAY 1  |
| 9. MANAGING MEMBERS/MANAGERS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  MANAGING MEMBERS/MANAGERS  PLESIDE UT  CESAL BAIZON  4647 NW III COULT  LI AMI, FL 33179   | TITLE NAME STREET ADDRESS CITY-SI-ZIP   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | TITLE NAME STREET ADDRESS CITY-ST-ZIP   |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | TITLE NAME SITEET ADDRESS- CITY-ST-ZIP  DO NOT WRITE  |
| TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP   | TITLE NAME STREET ADDRESS CITY- ST-ZIP  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | TITLE NAME STREET ADDRESS CITY-ST-ZIP   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | TITLE NAME STREET ADDRESS CITY-ST-ZIP   |
| 11. Thereby certify that the information supplied with this filling does not quaindicated on this report is true and accurate and that my signature shall, limited liability company or the reveiler or trustee empowered to |   |

APPEILIS/07