

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

01-30-2002 90108 008 ****50.00

DOCUMENT # L01000009619

1. Entity Name

GRAND OAKS ESTATES, LLC

Principal Place of Business

3006 AVIATION AVE.
SUITE 2-A
COCONUT GROVE FL 33133

Mailing Address

3006 AVIATION AVE.
SUITE 2-A
COCONUT GROVE FL 33133

16343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

05-1115907

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

RODRIGUEZ, JORGE E
395 ALHAMBRA CIRCLE
SUITE 301
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name EDUARDO AVILA
Street Address (P.O. Box Number is Not Acceptable) 3006 AVIATION AVE.
SUITE 2-A
City MIAMI FL Zip Code 33133

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

Signature and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/22/02 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

Table with 6 rows for managing members, including columns for Title, Name, Street Address, City-ST-ZIP, and a Delete checkbox.

Table with 2 rows for additions/changes, including columns for Title, Name, Street Address, City-ST-ZIP, Change checkbox, and Addition checkbox.

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 REQUIRED

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

1/22/02 305-857-0900 DATE Daytime Phone #

CP2E083 (9/01)