EIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L01000013723

1. Entity Name



FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91264 001 ***165.00

& N REAL I	NVESTMENTS,	LC V		9
DO N	NOT WRITE	IN THIS S	PACE	55032232
2. Principal Place of Busi	iness	3. Mailing Address	112 Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	70	DO NOT WRITE IN THIS SPACE
City & State		City & State	i FL	4. FEI Number 1129507 Applied For Not Applicable
Zip	Country	Zip 331 24	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
			Name /	7. Name and Address of Current Registered Agent
	O NOT W	RITE	Street Address	Wello A LICALA Box Nymber is Not Acceptable) 1 16
l	N THIS SE	PACE	7	80 MW 42 AVE
			City	FL Zagazio Co
	ity submits this statement for	or the purpose of changing it		ered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent. Aurelio A Piedra (DA 2/20/03				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE				
FEE IS \$50.00 Make Check Payable to Florida Department of State				
9.	MANAGING MEMBI	9142 914 S	DUE BY MAY 1	
TITLE NAME	ranjo, Javi	ier	TITLE	
STREET ADDRESS 7.80	NW 42 Ave	•	STREET ADDRESS	
CITY-ST-ZIP MI	ami Fl	33124	CITY-ST-ZIP	
NAME 780	dalgo, Erni	ve.	NAME	
	rami F1		STREET ADGRESS CITY: ST: ZIP	
TITLE NAME			TITLE NAME	
STREET ADDRESS	and the second s		STREET ADORESS	DO NOT WRITE
TITLE			TITLE	IN THIS SPACE
NAME STREET ADDRESS			NAME STREET ADDRESS	IN THIO STAGE
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE NAME			TITLE NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	
TITLE			TITLE	
NAME Street address			NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
 I hereby certify that th 	ne intormation supplied with	n this tiling does not qualify fo	or the exemption stated in S	Section 119.07(3)(i). Florida Statutes. I further certify that the information I

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.

TYTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE