## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L01000014175



**FILED** Mar 06, 2003 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Na 480 PRO	PERTY LLC			03-06-2003 90004 0	)48 ****50.00	
Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   A. FEI Number 65-1131594   Applied For Not Applied For N	8550 NW 33RD STREET SUITE 200 MIAMI FL 33122		8550 NW 33RD STREET SUITE 200				
Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   A. FEI Number 65-1131594   Applied For Not Applied For N			3. Mailing Address				
Zp Country 5, Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.		-		
A. The above named and Address of Current Registered Agent  DUARTE-VIENA, ANIBAL J SIGNATURE  To be required to the property 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 are the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent are the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent are the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent are the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent are the registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, are the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of F	City & State		City & State		00 110 1004		
DUARTE-VIERA, AMIBAL J 8550 NW 33RD STREET SUITE 200 MIAMI FL 33122  8. The above named antity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the content of registered agent.  9.	Zip ·		·	Country	5. Certificate of Status Desired	\$5.00 Additional	
DUARTE-VIERA, ANIBAL J 8550 NW 33RD STREET  SUITE 200 MIAM FL 33122  Sired Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Site of Florida. I am familiar with, and acceptable of the city	6. Name and Address of Current Registered Agent			_ <del></del>			
Street Addross (P.O. Box Number is Not Acceptable)  Street Addross (P.O. Box Number is Not Acceptable)  Street Addross (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 acceptable in the obligations of registered agent.  SIGNATURE    Stignature, hoose or primor name of registered agent agrature a	DILA	ADTE MEDA AMBAL I	ere Tuellung se	Name			
MIAMI FL 33122  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 response of registered agent, or both, in the State of Florida. I am familiar with, and accept the response of registered agent, or both, in the State of Florida. I am familiar with, and accept the response of registered agent, or both, in the State of Florida. I am familiar with, and accept the response of registered agent, or both, in the State of Florida. I am familiar with, and accept the response of registered agent, or both, in the State of Florida. I am familiar with, and accept the response of registered agent, or both, in the State of Florida. I am familiar with, and accept the response of registered agent, or both, in the State of Florida. I am familiar with, and accept the response of registered agent, or both, in the State of Florida. I am familiar with, and accept the response of registered agent, or both, in the State of Florida. I am familiar with, and accept the response of registered agent, or both, in the State of Florida. I am familiar with, and accept the response of registered agent, or both, in the State of Florida. I am familiar with, and accept the response of registered agent, or both, in the State of Florida. I am familiar with, and accept the response of registered agent, or both, in the State of Florida. I am familiar with, and accept the response of registered agent, or both, in the State of Florida. I am familiar with, and accept the response of registered agent, or both, in the State of Florida. I am familiar with, and accept the response of registered agent, or both in the state of Florida. I am familiar with, and accept the response of registered agent, or both in the state of Florida. I am familiar with, and accept the response of registered agent, or both in the state of Florida Department of State of Florida Department of State of Florida Department of State of Florida Depar	8550	0 NW 33RD STREET					
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SIGNATURE    Signature, typed or primode rearing diseased agent and site of applicable   (NOTE Propidered Apent algrafusher translation)   DATE	8. The above named entity submits this statement for the purpose of changing its resi			1 1			
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 NAME STREET ADDRESS OTTY-ST-2P TITLE N		aviid or ragiotorou agont.				familiar with, and accept	
S. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGR DUARTE-VIERA, ANIBAL J STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE M		Signature, typed or printed name of registered agen	nt and title if applicable. (NOT	E: Registered Agent signature requir	ed when reinstating) DATE	<del></del>	
MILE MARE DUARTE-VIERA, ANIBAL J STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		Make Check Payab Du	ile to Florida Departm	ent of State		
MITTE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	9.		ERS/MANAGERS	10.	ADDITIONS/CHANGES	3	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	DUARTE-VIERA, ANIBAL J 8550 NW 33RD STREET	☐ Delete	NAME STREET ADDRESS		<del></del>	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	name Street address		☐ Delete	NAME STREET ADDRESS		Change Addition	
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	IAME STREET ADDRESS	-	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	

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