

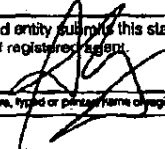
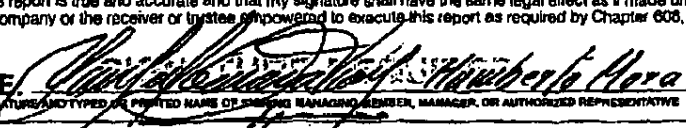
FILED
Apr 28, 2003 8:00 am
Secretary of State

04-09-2003 90044 021 ****50.00

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

4/9/20

55031968

DOCUMENT # L01000020926			
1. Entity Name MARBELLA HOLDINGS L.C.			
Principal Place of Business 18785 BISCAYNE BLVD. AVENTURA FL 33180		Mailing Address 18785 BISCAYNE BLVD. AVENTURA FL 33180	
2. Principal Place of Business 18839 BISCAYNE BLVD		3. Mailing Address 18839 Biscayne Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State AVENTURA - FL		City & State AVENTURA, FL	
Zip 33180	Country U.S.	Zip 33180	Country U.S.
4. FEI Number 02-0550491		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent INTERNATIONAL REGISTERED AGENTS CORP 838 WINORCA AVE CORAL GABLES FL 33134		7. Name and Address of New Registered Agent Name ANTONIO GARCIA Street Address (P.O. Box Number is Not Acceptable) 2588 S.W. 27th AVE 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 4-1-03	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORA, HUMBERTO 19221 NE 10TH AVENUE APT 518 MIAMI FL 33179	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
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 606, Florida Statutes.			
SIGNATURE 		DATE 4-1-03	
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date Daytime Phone #	

CFR2003 (10/02)