LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   L01000022377

1. Entity Name

33 ARVIDA PARTNERS, L.C.

DO NOT WRITE IN THIS SPACE

924804

2. Principal Place of Business	**3.** Mailing Address
7420 SW 49 Ct	7420 SW 49 Ct
Suite, Apt. #, etc.	Suite. Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	**4.** FEI Number	Applied For
Miami, Fl	Miami, Fl	60-0000155	Not Applicable

Zip	Country	Zip	Country	**5.** Certificate of Status Desired	[X]	**$5.00** Additional Fee Required
33143	USA	33143	USA			

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Jason Dimond

Street Address (P.O. Box Number is Not Acceptable)
7420 SW 49 Ct

City		
Miami	**FL**	Zip Code **33143**

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, typed or printed name of registered agent and title if applicable.

DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9.   MANAGING MEMBERS / MANAGERS

TITLE	MGRM	TITLE	
NAME	DIMOND DEVELOPMENT II LLC	NAME	
STREET ADDRESS	7420 SW 49 Ct	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33134	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	DO NOT WRITE
STREET ADDRESS		STREET ADDRESS	IN THIS SPACE
CITY-ST-ZIP		CITY-ST-ZIP	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____   2/6/02   305-447-0951

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083B (12/01)