FILED
Mar 05, 2003 8:00 am
Secretary of State
01-13-2003 90576 022 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/1

DOCUMENT # L02000003046

1. Entity Name

SOUTH BAY DEVELOPERS VIII, LLC

Principal Place of Business	Mailing Address
104 CRANDON BLVD., SUITE 308 KEY BISCAYNE FL 33149	104 CRANDON BLVD., SUITE 308 KEY BISCAYNE FL 33149

2. Principal Place of Business	3. Mailing Address
104 CRANDON BLVD.	104 CRANDON BLVD.
Suite, Apt. #, etc. 308	Suite, Apt. #, etc. 308
City & State KEY BISCAYNE, FLORIDA	City & State KEY BISCAYNE, FLORIDA
Zip 33149 Country DADE	Zip 33149 Country DADE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 75-2998689 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRITO, LEONARDO F P.A. 1001 BRICKELL BAY DRIVE, SUITE 1710 MIAMI FL 33131	Name ROBERTO CORTES Street Address (P.O. Box Number is Not Acceptable) 104 CRANDON BLVD. SUITE 308 City KEY BISCAYNE FL Zip Code 33149

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 X [signature] 01/08/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 CITY-ST-ZIP	PRESIDENT ROBERTO CORTES 104 CRANDON BLVD. #308 KEY BISCAYNE, FL. 33149 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: X SIGNATURE REQUIRED ROBERTO CORTES 01/08/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #