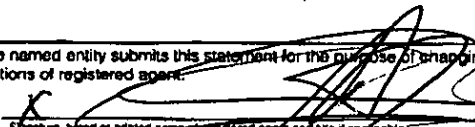
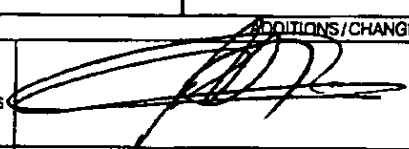
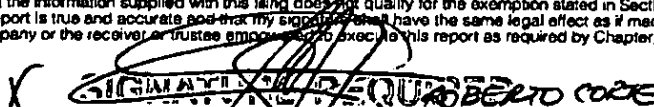


FILED
Mar 05, 2003 8:00 am
Secretary of State

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 104 CRANDON BLVD., SUITE 308 KEY BISCAINE FL 33149		Mailing Address 104 CRANDON BLVD., SUITE 308 KEY BISCAINE FL 33149	
2. Principal Place of Business 104 CRANDON BLVD.		3. Mailing Address 104 CRANDON BLVD.	
Suite, Apt. #, etc. 308		Suite, Apt. #, etc. 308	
City & State KEY BISCAINE, FLORIDA		City & State KEY BISCAINE, FLORIDA	
Zip 33149	Country DADE	Zip 33149	Country DADE
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 BRITO, LEONARDO F P.A. 1001 BRICKELL BAY DRIVE, SUITE 1710 MIAMI FL 33131		7. Name and Address of New Registered Agent Name ROBERTO CORTES Street Address (P.O. Box Number is Not Acceptable) 104 CRANDON BLVD. SUITE 308 City KEY BISCAINE 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  DATE 01/08/03 Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reappointing)			
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 BISCAINE, 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
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 01/08/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CR2E083 (10/02)