

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90614 015 \*\*\*\*\*50.00

**DOCUMENT # L02000003816**

1. Entity Name

**SHADOW CREEK INVESTMENTS, L.L.C.**



Principal Place of Business

**2655 LEJEUNE ROAD  
PENTHOUSE 1-C  
CORAL GABLES FL 33134**

Mailing Address

**2655 LEJEUNE ROAD  
PENTHOUSE 1-C  
CORAL GABLES FL 33134**

2. Principal Place of Business

**242 Lejeune Road**

Suite, Apt. #, etc.

3. Mailing Address

**Same**

Suite, Apt. #, etc.

City & State

**Miami FL 33126**

City & State

**Same**

Zip

Country

Zip

Country

4. FEI Number

**04-3617936**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CORNIDE, LUIS  
2655 LEJEUNE ROAD  
PENTHOUSE 1-C  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

Street Address (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 accept the obligations of registered agent.

SIGNATURE

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

**Luis M. Cornide**  
(NOTE: Registered Agent signature required when reinstating)

DATE

**03/31/03**

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>CORNIDE, LUIS</b>	
STREET ADDRESS	<b>2655 LEJEUNE ROAD</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Delete
NAME	<b>DE LA RIVA, ROBERT</b>	
STREET ADDRESS	<b>2655 LEJEUNE ROAD</b>	
CITY-ST-ZIP	<b>CORAL GABLES FL 33134</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	<b>MGR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COENICK, LUIS</b>	
STREET ADDRESS	<b>242 Lejeune Rd</b>	
CITY-ST-ZIP	<b>Miami, FL 33126</b>	
TITLE	<b>MGR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>De la Riva, Robert</b>	
STREET ADDRESS	<b>242 Lejeune Rd</b>	
CITY-ST-ZIP	<b>Miami, FL 33126</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**

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

Date

Daytime Phone #

**3/31/03 (305) 447-8688**

CR2E083 (10/02)