
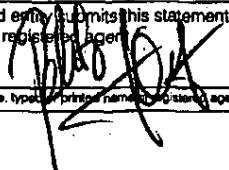
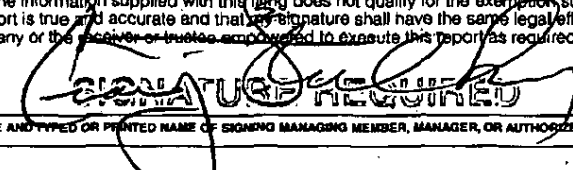


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 11, 2003 8:00 am
Secretary of State

5/1/

05-01-2003 90081 042 ****50.00

DOCUMENT # L02000004830					
1. Entity Name JARAMILLO PROPERTY MANAGEMENT, L.L.C.					
Principal Place of Business 536 BILTMORE WAY CORAL GABLES FL 33134			Mailing Address 536 BILTMORE WAY CORAL GABLES FL 33134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 74-3030896	
Zip		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ORTIZ, ROBERTO ESQ. 536 BILTMORE WAY CORAL GABLES FL 33134				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				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 				DATE 4/28/03	
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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	MGRM	<input type="checkbox"/> Delete		TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STODNICKY, CRAIG			NAME	STODNICKY, CRAIG
STREET ADDRESS	536 BILTMORE WAY			STREET ADDRESS	536 BILTMORE WAY
CITY-ST-ZIP	CORAL GABLES FL 33134			CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	
NAME	JARAMILLO, JAIME			NAME	
STREET ADDRESS	536 BILTMORE WAY			STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
11. I hereby certify that the information supplied with this UBR 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 officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 				DATE 4/28/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

44004198



CHECK HERE IF MAKING CHANGES

FL

Zip Code

CR2E083 (10/02)