LIMITED LIABILITY COMPANY

U	INIFORM BUSINE	ESS REPOR	RT (UBR)			
DOCU 1. Entity Nar	JMENT# L020000	005949	·		FILED	(A.)
Cape Florida Investments (USA),			, LC		FILED SECRETARY OF STATE DIVISION OF CORPORATIO	40/
			* * * * * * * * * * * * * * * * * * * *		02 SEP 23 AM 11: 32	2 ' '
	DO NOT WRITE	IN THIS	SPACE			
2. Principal f	Place of Business	3. Mailing Address				
5701	Miami Lakes Dr					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
	i Lakes FL	City & State	¥.	4. FE! Nu	mber	Applied For Not Applicable
^{Zip} 33 0	Country	Zip	Country	5. Certifi	cate of Status Desired	5.00 Additional e Required
			Name	· ·	nd Address of Current Registered A	gent
* *	DO NOT W	RITE			E Lehrman, Esq.	
	IN THIS SP	• • • •	Street Add	ress (P.O. Box No. 220 11 11	mber is Not Acceptable) ambra _Circle Suit	- 810
	IIV ITIIO OF	ACE ,	And the second	Coral G	ables, FL 33134	30 010
	r r		City		FL	Zip Code
	e named entity submits this statement for		,	gibter da againt, o	Court in the State of Horizon	
SIGNATURE	Signature, typed or printed name of registered agent a	Make Check	FEE IS \$50.00 Payable to Departm DUE BY MAY 1		200000536 -09/26/02010 *****61.25 *)44008
9.	MANAGING MEMBE	Make Check	Payable to Departm DUE BY MAY 1		-09/26/02010)44008
	MANAGING MEMBE	Make Check	Payable to Departm		-09/26/02010)44008
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE Manager Alberto Lensi 5701 Miami Lakes	Make Check	Payable to Departm DUE BY MAY 1 TITLE NAME STREET ADDRESS		-09/26/02010)44008
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Alberto Lensi 5701 Miami Lakes Miami, Lakes, FL	Make Check	Payable to Department DUE BY MAY 1 TITLE NAME STREET ADDRESS CITY- ST-ZIP		-09/26/02010)44008
9. TITLE NAME STREET ADDRESS	Manager Alberto Lensi 5701 Miami Lakes Miami, Lakes, FL Officer	Make Check RS/MANAGERS S Dr 33014	Payable to Department DUE BY MAY 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP		-09/26/02010)44008
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE Manager Alberto Lensi 5701 Miami Lakes Miami, Lakes, FL Officer Heidrun Eckes-Ch 5701 Miami Lakes	Make Check RS/MANAGERS Dr 33014 Lantré Dr	Payable to Department DUE BY MAY 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		-09/26/02010)44008
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SJ-ZIP	Manager Alberto Lensi 5701 Miami Lakes Miami, Lakes, FL Officer Heidrun Eckes-Ch	Make Check RS/MANAGERS Dr 33014 Lantré Dr	Payable to Departm DUE BY MAY 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET, ADDRESS CITY-ST-ZIP		-09/26/02010)44008
9. TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE Manager Alberto Lensi 5701 Miami Lakes Miami, Lakes, FL Officer Heidrun Eckes-Ch 5701 Miami Lakes	Make Check RS/MANAGERS Dr 33014 Lantré Dr	Payable to Department DUE BY MAY 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		-09/26/02010)44008
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE Manager Alberto Lensi 5701 Miami Lakes Miami, Lakes, FL Officer Heidrun Eckes-Ch 5701 Miami Lakes	Make Check RS/MANAGERS Dr 33014 Lantré Dr	Payable to Departm DUE BY MAY 1 ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET, ADDRESS CITY-ST-ZIP LITTLE NAME STREET ADDRESS	ent of State	-09/26/02010 *****61.25 *	944008 ****61.25
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE Manager Alberto Lensi 5701 Miami Lakes Miami, Lakes, FL Officer Heidrun Eckes-Ch 5701 Miami Lakes	Make Check RS/MANAGERS Dr 33014 Lantré Dr	Payable to Department DUE BY MAY 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP AMME STREET ADDRESS CITY-ST-ZIP LITTLE NAME STREET ADDRESS CITY-ST-ZIP	ent of State	-09/26/02010 *****61.25 * DO NOT WRIT	944008 ****61.25
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE Manager Alberto Lensi 5701 Miami Lakes Miami, Lakes, FL Officer Heidrun Eckes-Ch 5701 Miami Lakes	Make Check RS/MANAGERS Dr 33014 Lantré Dr	Payable to Departm DUE BY MAY 1 ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET, ADDRESS CITY-ST-ZIP LITTLE NAME STREET ADDRESS	ent of State	-09/26/02010 *****61.25 *	944008 ****61.25
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE Manager Alberto Lensi 5701 Miami Lakes Miami, Lakes, FL Officer Heidrun Eckes-Ch 5701 Miami Lakes	Make Check RS/MANAGERS Dr 33014 Lantré Dr	Payable to Departm DUE BY MAY 1 ITILE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP AMME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP	ent of State	-09/26/02010 *****61.25 * DO NOT WRIT	944008 ****61.25
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE Manager Alberto Lensi 5701 Miami Lakes Miami, Lakes, FL Officer Heidrun Eckes-Ch 5701 Miami Lakes	Make Check RS/MANAGERS Dr 33014 Lantré Dr	Payable to Departm DUE BY MAY 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET, ADDRESS CITY-ST-ZIP TITLE NAME STREET, ADDRESS CITY-ST-ZIP TITLE NAME STREET, ADDRESS CITY-ST-ZIP TITLE NAME STREET, ADDRESS CITY-ST-ZIP TITLE NAME STREET, ADDRESS CITY-ST-ZIP	ent of State	-09/26/02010 *****61.25 * DO NOT WRIT	944008 ****61.25
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE Manager Alberto Lensi 5701 Miami Lakes Miami, Lakes, FL Officer Heidrun Eckes-Ch 5701 Miami Lakes	Make Check RS/MANAGERS Dr 33014 Lantré Dr	Payable to Departm DUE BY MAY 1 ITILE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP AMME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP	ent of State	-09/26/02010 *****61.25 * DO NOT WRIT	944008 ****61.25
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE Manager Alberto Lensi 5701 Miami Lakes Miami, Lakes, FL Officer Heidrun Eckes-Ch 5701 Miami Lakes	Make Check RS/MANAGERS Dr 33014 Lantré Dr	Payable to Department DUE BY MAY 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ent of State	-09/26/02010 *****61.25 * DO NOT WRIT	944008 ****61.25
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE Manager Alberto Lensi 5701 Miami Lakes Miami, Lakes, FL Officer Heidrun Eckes-Ch 5701 Miami Lakes	Make Check RS/MANAGERS Dr 33014 Lantré Dr	Payable to Departm DUE BY MAY 1 ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ent of State	-09/26/02010 *****61.25 * DO NOT WRIT	944008 ****61.25
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBE Manager Alberto Lensi 5701 Miami Lakes Miami, Lakes, FL Officer Heidrun Eckes-Ch 5701 Miami Lakes	Make Check RS/MANAGERS Dr 33014 Lantré Dr	Payable to Department DUE BY MAY 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ent of State	-09/26/02010 *****61.25 * DO NOT WRIT	944008 ****61.25

11. Thereby 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 purple empowered to execute this report as required by Chapter 608. Florida Statutes.

Date

11.09.2002

Daytime Phone #