FILED
03 OCT 30 AM 9:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000005987

1. Entity Name
**CAMPO CHAVON, LLC**

AMENDED

| Principal Place of Business | Mailing Address |
|---|---|
| 200 S. BISCAYNE BLVD., SUITE 4000<br>C/O JOSEPH P. KLOCK, JR.<br>MIAMI, FL 33131 | 200 S. BISCAYNE BLVD., 41ST FLOOR<br>C/O JOSEPH P. KLOCK, JR.<br>MIAMI, FL 33131 |

MK

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 61-1443242 ☒ 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 |
|---|---|
| KLOCK, JOSEPH P JR.<br>200 S. BISCAYNE BLVD.<br>41ST FLOOR<br>MIAMI, FL 33131 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE
Signature, typed or printed 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~~ ☐ Delete | TITLE | MEMBER ☒ Change ☐ Addition |
| NAME | KLOCK, JOSEPH P JR. | NAME | |
| STREET ADDRESS | 200 S. BISCAYNE BLVD, 41ST FLOOR | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33131 | CITY-ST-ZIP | |
| TITLE | MGRM ☒ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | DECARAN-VOIGT, GABRIEL | NAME | |
| STREET ADDRESS | 200 S. BISCAYNE BLVD, 41ST FLOOR | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33131 | CITY-ST-ZIP | |
| TITLE | MGRM ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | OVIEDO, LUIS F | NAME | |
| STREET ADDRESS | 200 S. BISCAYNE BLVD., 41ST FLOOR | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33131 | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | MEMBER ☐ Change ☒ Addition |
| NAME | | NAME | Klock, Susan M. |
| STREET ADDRESS | | STREET ADDRESS | c/o 200 S. Biscayne Blvd.#4000 |
| CITY-ST-ZIP | | CITY-ST-ZIP | Miami, Florida 33131 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

CR2E083 (10/02)

700024123777
11/04/03--01067--023 **50.00

AMENDED 2003 UBR

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.

Luis F. Oviedo, Manager/Member

SIGNATURE: X 10/24/03 305/577-2879
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #