

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

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90019 050 ****50.00

DOCUMENT # L02000008022

1. Entity Name

SOUTH VENTURES, LLC



Principal Place of Business

Mailing Address

**999 BRICKELL AVENUE, SUITE 700
MIAMI FL 33131**

**999 BRICKELL AVENUE, SUITE 700
MIAMI FL 33131**

2. Principal Place of Business

3404 Garden Avenue.

3. Mailing Address

3404 Garden Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL -

City & State

Miami Beach.

4. FEI Number

03-04 25348

Applied For

Not Applicable

Zip

33140

Country

USA

Zip

33140

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GRISALES-RACINI, OSCAR
999 BRICKELL AVENUE, SUITE 700
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

OSCAR GRISALES-RACINI.

Street Address (P.O. Box Number is Not Acceptable)

12550 Biscayne B

City

North Miami

FL

Zip Code

33181

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/17/2003

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

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MANAGING MEMBER.	ARTURO CAIVELLI	3404 Garden Avenue	Miami Beach, FL 33140		
Managing Member.	Edifrent-S. n.	3404 Garden Avenue	Miami Beach, FL 33140.		

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: X *[Signature]* **SIGNATURE REQUIRED**

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

03/17/2003 (305) 9851313.

Date

Daytime Phone #

CR2E083 (10/02)