


**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 3. Mailing Address

3404 Garden Avenue. **3404 Garden Avenue**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Miami Beach, FL - **Miami Beach.**

Zip Country Zip Country

33140 **USA** **33140** **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For

03-04 25348 Not Applicable

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 State Zip Code

North Miami **FL** **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 _____ DATE **03/17/2003**

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

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

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Managing Member.	Edifrent-S. n.	3404 Garden Avenue	Miami Beach, FL 33140.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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** Date **03/17/2003** Daytime Phone # **(305) 9851313**

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

CR2E083 (10/02)