


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

FILED
May 15, 2003 8:00 am
Secretary of State

04-23-2003 90232 019 ****50.00

DOCUMENT # L02000009039

1. Entity Name
611 S. MASHTA DR., LLC



Principal Place of Business
**C/O 785 CRANDON BLVD. #1201
KEY BISCAIYNE FL 33149**

Mailing Address
**C/O 1200 BRICKELL AVE., STE. 900
MIAMI FL 33131**

44001680



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
4410 N.W. 74 Avenue
Suite, Apt. #, etc.

City & State
Miami, Florida

4. FEI Number
04-3651632

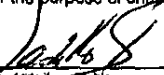
Applied For
 Not Applicable

Zip Country Zip Country
33166 US

6. Name and Address of Current Registered Agent
**AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVE., STE. 900
MIAMI FL 33131**

7. Name and Address of New Registered Agent
Name
Alvaro Castillo B., P.A.
Street Address (P.O. Box Number is Not Acceptable)
**1390 Brickell Avenue
Suite 200**
City
Miami FL Zip Code
33131

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 **5-9-03**

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR ESTEVEZ, FRANCISCO J 785 CRANDON BLVD., #1201 KEY BISCAIYNE FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Javier Francisco Estevez, 4410 N.W. 74 Avenue Miami, Florida 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Francisco J. Estevez** Manager Date **4/21/03** (305) 718-4466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)