

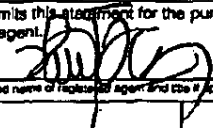
FILED
Mar 27, 2003 8:00 am
Secretary of State

01-22-2003 90100 021 ****50.00

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L02000009339			
1. Entity Name OLD CUTLER COVE, LLC			
Principal Place of Business 2121 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES FL 33134		Mailing Address 2121 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES FL 33134	
2. Principal Place of Business		3. Mailing Address 1801 Coral Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 403	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
33145	USA	33145	USA
4. FEI Number 02-0575464		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent PORTUONDO, FERNANDO J.P.A. 2121 PONCE DE LEON BLVD., SUITE 600 CORAL GABLES FL 33134		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 1/14/03	
SIGNATURE, typed or printed name of registered agent and the # 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	TITLE	TITLE	TITLE
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
ISAAC P. RUHAN, INC 1801 CORAL WAY, SUITE 403 MIAMI, FL 33145	☐ Delete		☐ Change ☐ Addition
RELLER ENTERPRISES, INC 20895 NE 30TH AVE AVONDALE, FL 33180	☐ Delete		☐ Change ☐ Addition
ADVANCE CREATIVITY, INC 35 W. SUITE 600 CORAL GABLES, FL 33145	☐ Delete		☐ Change ☐ Addition
ALVARO V. V. GONZALEZ 6540 SW 135TH ST MIAMI, FL 33156	☐ Delete		☐ Change ☐ Addition
Jairo Isaac 1801 Coral Way #403 Miami, FL 33145	☐ Delete		☐ Change ☐ Addition
Manager	☐ Delete		☐ Change ☐ Addition
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: SIGNATURE REQUIRED		1/14/03 (305) 8548404	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

CR2E083 (10/02)