2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000011019

1. Entity Name

354 HIL-DEL PROPERTY MANAGEMENT, 11 C.

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Apr 14, 2003 8:00 am Secretary of State
04-14-2003 90900 027 ****50.00

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City & State City & State City & State City & State Country Country Country S. Certificate of Status Desired S. S. Od Additional Fee Required Fee Required Fee Regulatered Agent CRRPCO, INC. 2899 SOUTH BAYSHORE DRIVE, 7TH FLOOR MIAMI FL 33129 City FL Zip Code City FL City FL Additional I am familiar with, and access the objections of registered agent, or both, in the State of Fiorida. I am familiar with, and access the objections of registered agent, or both, in the State of Fiorida. I am familiar with, and access the objections of registered agent. FILE NOW!!! FEE IS 550.00 Make Check Payable to Fiorida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITE INME SINET ADDIRSS CITY-SI-Zip TITE NAME SINET ADDIRSS CITY-SI-Zip TITE Change Addit Ad	2. Principal P	lace of Business	3. Mailing Address							
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S. Name and Address of Current Registered Agent CORPCO, INC. 2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR MIAMI FL 33129 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accent the obligations of registered agent. Signature, speed or servided name of registered agent. Make 'Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS / MANAGERS TITLE MGR MGR MGR MGR MGR MGR Delete TITLE NAME SIRET ADDRESS CITY-ST-2P MIAMI FL 33129 Delete TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE Delete TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE NAME SIRET ADDRESS CITY-ST-2P TITLE Delete Delete TITLE Delete Delete TITLE Delete TITLE Delete Delete TITLE Delete TITLE Delete TITLE Delete Delete TITLE Delete TITLE Delete Delete TITLE Delete TITLE Delete Delete Delete Delete TITLE Delete Delete Delete Delete Delete TITLE Delete Del	City & State	e			4. FEI'N	FEI'Nûmber				
CORPCO, INC. 2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR MIAMI FL 33129 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 Fiorida. I am familiar with, and acceptable the obligations of registered agent. SIGNATURE Signature, typed or printed warm of registered agent that applicable. (NOTE Registered Agent signature incurred when reinstaling) DATE	Zip	Country	Zip	Country	5. Certifi	cate of Status Desired				
CORPCO, INC. 2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR MIAMI FL 33129 City		6. Name and Address of Curr	ent Registered Agent		7. Name	and Address of New R	egistered A	gent		
Street Address (P.O. Box Number is Not Acceptable) City City FL Zip Code City FL ADDITIONS/CHANGES City STREET ADDRESS City STREE				Name						
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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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tile if applicable. (NOTE Registered Agent signature required when reinstating) PILE NOW!!! FEE IS \$50.00 Make 'Check Payable to Fiorida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS ITILE MGR BENGOCHEA, HILDA 354 SW 22ND ROAD MIAM! FL 33129 Delate TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE Delate TITLE Delate TITLE Additional Change Addit	Will-die	M 1 L 00120		City				Tip Cod		
SIGNATURE Signature. Typed or printed name of registered agent and titls if applicable. (NOTE: Registered Agent signature recurred 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 MGR BENGOCHEA, HILDA STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE O Delete TITLE O				City			FL	_ Zip Cou	<u>·</u> _	
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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)(i), Florida Statutes. I further certify that the information			one and record on the control of the		11-0-2 445	7/0//2 51-32-0:43	16			

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.