2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000011028

1. Entity Name

470 DEL-HIL PROPERTY MANAGEMENT, LLC

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FILED Apr 14, 2003 8:00 am Secretary of State 04-14-2003 90900 044 ****50.00

2. Principal Place of Susiness Suite, Apt. 4 inc. Suite, Apt. 4 etc. City & State City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Desirod S. 5. Name and Address of Current Registered Agent CORPCO, INC. 2898 SOUTH BAYSHORE DRIVE, 7TH FLOOR MIAMI FL 33133 City 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 sim ferridiar with, and accept the purpose of replacement of State Desirod Signature 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 sim ferridiar with, and accept the purpose of replacement agent, or both, in the State of Florida. I sim ferridiar with, and acceptable for Florida Department of State Due by May 1, 2009 Make Check Payable to Florida Department of State Due by May 1, 2009 MANAGING MEMBERS // ADMRESS // ADMRSS // ADMRESS // ADMRSS // ADMRSS // ADMRSS // ADMRSS // ADMRSS											
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2999 SOUTH BAYSHORE DRIVE, 7TH FLOOR MIAMI FL 33133 6. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of Change Date ### FILE NOW!!! FEE IS \$50,00.0 ### MAKE Check Payable to Florida Department of State Due By 41, 2003 ### DEPARTMENT ADDRESS ON'S STREET ADDRESS ON'S	COD	DOO INC			Name						
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 accept the publications of registered agent. Signature Synature typed or proved name of registered agent agent and tike if applicable. (NOTE: Registered Agent, or both, in the State of Florida. I am familiar with, and accept the publications of registered agent. Signature typed or proved name of registered agent. Signature typed or registered agent, or both, in the State of Florida. I am familiar with, and accept the type control of the state of Florida. Signature type control of the State of Florida. Signature typed or registered agent, or both, in the State of Florida. I am familiar with, and accept the type control of the State of Florida. I am familiar with, and accept the type control of the State of Florida. I am familiar with, and accept the type control of the State of Florida. I am familiar with, and accept the type control of Florida. Signature typed o	2699	SOUTH BAYSHORE DRIVE,	7TH FLOOR		Street Address ((P.O. Box Numl	per is Not Acceptable	e)			
SIGNATURE File Now February	فيبدي				City			FL	Zip Cod	e	
Signature, hypeot or printed neric of agricitation. (NOTE: Replaced Agent signature required when reinstating) File Now!! FEEI S \$50.00 State Stat			ent for the purpose of chang	ging its registere	ed office or register	red agent, or b	oth, in the State of Flo	orida. I am fa	miliar with,	and accept	
S. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES Addition NAME NA	SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registere	d Agent signature required	d when reinstating)		DATE			
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11. I hereby certify that the information supplied with this filling 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 on if mode under each that I am a managing member or managing members are not the	CITY-ST-ZIP				1	· <u></u>					

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.