

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 26, 2003 8:00 am
Secretary of State

09-26-2003 90003 012 ****50.00

0024447 1P

DOCUMENT # L02000012859



1. Entity Name
AURORA DEVELOPMENT LLC

Principal Place of Business
C/O 1390 BRICKELL AVE., STE. 200
MIAMI FL 33131

Mailing Address
C/O 1390 BRICKELL AVE., STE. 200
MIAMI FL 33131



2. Principal Place of Business
2000 S. Dixie Highway
Suite, Apt. #, etc.
Suite 100-H

3. Mailing Address
2000 S. Dixie Highway
Suite, Apt. #, etc.
Suite 100-H

CHECK HERE IF MAKING CHANGES

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
02-0609363

Applied For
 Not Applicable

Zip
33133 Country
USA

Zip
33133 Country
USA

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALVARO CASTILLO B., P.A.
1390 BRICKELL AVE., STE. 200
MIAMI FL 33131

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: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: *[Date]*

\$0.00

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
AMAYO, IVAN
C/O 1390 BRICKELL AVE., STE. 200
MIAMI FL 33131

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

DATE: *Aug. 5 2003* 786-256-2085
Date Daytime Phone #

CR2E083 (4/03)