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Secretary of State
02-05-2003 90035 017 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000013388

1. Entity Name
235 CRANWOOD, LLC

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD. #304 CORAL GABLES FL 33134	901 PONCE DE LEON BLVD. #304 CORAL GABLES FL 33134

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1450 Madruga Avenue	1450 Madruga Avenue
Suite, Apt. #, etc.: #303	Suite, Apt. #, etc.: #303
City & State: Coral Gables, Florida	City & State: Coral Gables, Florida
Zip: 33146 Country: USA	Zip: 33146 Country: USA

4. FEI Number: 03-0465692 ☐ Applied For ☐ Not Applicable

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
LOPEZ-CASTRO, AMADEO III ESQ 901 PONCE DE LEON BLVD. #304 CORAL GABLES FL 33134	Name: Mario A. Fernandez Street Address (P.O. Box Number is Not Acceptable): 1450 Madruga Avenue Suite 303 City: Coral Gables FL Zip Code: 33146

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] DATE: 15 Jan 2003

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	President Mario A. Fernandez 1450 Madruga Avenue, Suite 303 Coral Gables, Florida 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 [signature] Date: 15 JAN 2003 Daytime Phone #: (305) 361-5230

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

CR2E083 (10/02)