2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000015668

1. Entity Name

PMRC.	HOMES	ΔT	DEERWOOD	LLC.
	LICIVILO	Δ	DELLINIOUD	L.L.U.



10 to	

05-02-2003 90755 035 ****55.00

			1	TE TE S				
Principal Plac	ce of Business	Mailing Address			- 1			
		9415 S.W. 72ND STREET. MIAMI FL 33173	9415 S.W. 72ND STREET. SUITE 111 MIAMI FL 33173					
2. Principal F	Place of Business	3. Mailing Address						
Ouito Ant	H AAA	0 de A-1 H -1-				111 40101 11001 51110 61110 6	11101 1011 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF	MAKING CHANGES	3	
City & State		City & State	City & State		Danding		pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$5.00 Ad Fee Require		
	6. Name and Address of Cur	rent Registered Agent			7. Name and Address of New Reg	jistered Agent		
DAW	/ICZ, JORGE		Name_	He	nry-Lopez-Aguiar H	Isq.	<u></u>	-
9415	5 S.W. 72ND STREET, SUITE 1 MI FL 33173	11	Street A	ddress (94	P.O. Box Number is Not Acceptable) 15 S.E. 72nd Street	Suite 111	L-A	
	<u> </u>		City			FL Zip Coo		
9 The shows	named antity of hards this statement	at for the aurage of shancing i	to an olistanced affice a		ami, Fl. red agent, or both, in the State of Florid			1
	tions of registered agent	All for the purpose of changing to	is registered office o	register	ed agent, or both, in the State of Florid	ia. Tam familiar with,	, and accept	
SIGNATURE	Signalure, typed or printed name of registered	agent and title if applicable. (NC	OTE: Registered Agent signal	ure required	d when reinstating)	DATE		
		Make Check Paya	NOW!!! FEE IS \$ bie to Florida De ue By May 1, 200	partme	nt of State			
9.	MANAGING ME	MBERS/MANAGERS	10.	- -	ADDITIONS/C	HANCES		
TITLE	WANAGING ME	Delete	TITLE			Change	Addition	Í
NAME		L_1 Delete	NAME	M	lanager orge Rawicz	L Change	Addition	١
STREET ADDRESS			STREET ADDRESS		01ge Rawicz 1415 S.W. 72nd Street	: Suite 11	1	5
CITY-ST-ZIP			CITY-ST-ZIP	ı	liami, Fl. 33173	. 50100 13		ğ
TITLE		Delete	TITLE		,	☐ Change	Addition	È
NAME	,		NAME)				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP]]				
TITLE		☐ Delete	TITLE	 -		Change	Addition	ĺ
NAME	المادة المنطقين وحافظها فالجياسيين	- %	NAME	-	* *	سنحيزي عمينيوس		ŀ
STREET ADDRESS			STREET ADDRESS					l
CITY-ST-ZIP			CITY-ST-ZIP	ļ				l
TITLE		☐ Delete	TITLE	i		Change	Addition !	l
NAME STREET ADDRESS	}		NAME					ĺ
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		•			
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME					ŀ
STREET ADDRESS			STREET ADDRESS					l
CITY-ST-ZIP	<u> </u>		CITY-ST-ZIP	L				
TITLE		☐ Delete	TITLE			Change	☐ Addition	ı
NAME			NAME CYPECT ADDRESS					l
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				,	i .
	portify that the information averalled	with this filing does not au-116.		tool in C-	otion 110 07/2Vi) Florida Ctatuto - + 5	when portify that the :	nformation	!
indicated	on this report is true and secured	with this liting does not qualify to	or the exemption state	eu in Se	ction 119,07(3)(i), Florida Statutes, i fu	miler certify that the I	niormation	

urate 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 controlled the controlled to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the receiver

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OF