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L02000015803

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000015803

1. Entity Name
SEVEN HEAVEN INVESTMENTS LLC

AUG -1 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200021989092
08/01/03--01039--001 **5.00

Principal Place of Business	Mailing Address
601 BRICKELL KEY DRIVE SUITE 602 MIAMI FL 33131	601 BRICKELL KEY DRIVE SUITE 602 MIAMI FL 33131

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
808 Two Tequesta	2152 SW 12 St
Suite, Apt. #, etc. Brickell Key	Suite, Apt. #, etc.
City & State Miami, FL	City & State Miami FL
Zip 33131 Country	Zip 33135 Country

4. FEI Number 56-2377091 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, GERARDO ESQ.
601 BRICKELL KEY DRIVE
SUITE 602
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Luis Rivero Pedregal
Street Address (P.O. Box Number is Not Acceptable) 2152 SW 12 St.
City Miami FL Zip Code 33135

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] 7-29-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 MGR NAME VAZQUEZ, GERARDO A STREET ADDRESS 601 BRICKELL KEY DRIVE CITY-ST-ZIP MIAMI FL 33131	☑ Delete	TITLE P/S NAME Adela C. Bach STREET ADDRESS 808 Two Tequesta CITY-ST-ZIP Brickell Key, Miami, FL 33131	☑ 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

CR2E083 (10/02)

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 4/28/03 710-0974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

7-29-03 - 305-807305

President
Adela C. Bach