


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0013261

<b>DOCUMENT # L02000016102</b> 1. Entity Name <b>BRAALEAF PROPERTIES LLC</b>	
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**FILED**

03 MAY -2 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business <b>601 BRICKELL KEY DR., STE. 802 MIAMI FL 33131</b>	Mailing Address <b>601 BRICKELL KEY DR., STE. 802 MIAMI FL 33131</b>
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2. Principal Place of Business <b>730 Coral Way</b> Suite, Apt. #, etc. <b>Apt. # 302</b>	3. Mailing Address <b>501 Brickell Key Drive</b> Suite, Apt. #, etc. <b>Suite # 602</b>
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City & State <b>Miami, Florida 33134</b> Zip <b>33134</b>	City & State <b>Miami, Florida</b> Zip <b>33131</b>
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4. FEI Number <b>11-3656041</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>VAZQUEZ, GERARDO ESQ. 601 BRICKELL KEY DR., STE. 802 MIAMI FL 33131</b>	7. Name and Address of New Registered Agent Name <b>Rafael Diaz-Balart</b> Street Address (P.O. Box Number is Not Acceptable) <b>501 Brickell Key Drive</b> <b>Suite # 602</b> City <b>Miami</b>
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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.	DATE <b>04/29/03</b>
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SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating) <b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>
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9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES																				
<table border="1" style="width:100%"> <tr> <td style="width:30%">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width:70%"> <b>Managing Member/Manager</b> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td> <input type="checkbox"/> Delete         </td> </tr> <tr> <td>           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td> <input type="checkbox"/> Delete         </td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Member/Manager</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<table border="1" style="width:100%"> <tr> <td style="width:30%">           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td style="width:70%"> <b>Managing Member / Man</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  <b>Rafael Diaz-Balart</b>  <b>501 Brickell Key Dr # 602</b>  <b>Miami, Florida 33131</b> </td> </tr> <tr> <td>           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  <b>Managing Member/Manager</b>  <b>Elba Hentschel</b>  <b>730 Coral Way Apt. # 302</b>  <b>Miami, Florida 33134</b> </td> </tr> <tr> <td>           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td>           TITLE NAME STREET ADDRESS CITY-ST-ZIP         </td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Member / Man</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Rafael Diaz-Balart</b> <b>501 Brickell Key Dr # 602</b> <b>Miami, Florida 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Managing Member/Manager</b> <b>Elba Hentschel</b> <b>730 Coral Way Apt. # 302</b> <b>Miami, Florida 33134</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <b>04/29/03</b> DAYTIME PHONE # <b>(305) 358.8900</b>

CR2E083 (10/02)