

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

LO2000017408
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -2 AM 11:12

DOCUMENT # L02000017408

1. Entity Name
LAKESHORE PROPERTIES OF SOUTH FLORIDA, LLC



Principal Place of Business
23705 SW 117TH AVENUE
HOMESTEAD FL 33032

Mailing Address
23705 SW 117TH AVENUE
HOMESTEAD FL 33032

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BEGANS, JEFFREY ESQ.
FLAGLER SQUARE
1850 FOREST HILL BLVD. #202
WEST PALM BEACH FL 33408

7. Name and Address of New Registered Agent
Name: DIARZ-FOX, EMILIA
Street Address (P.O. Box Number, Is Not Acceptable):
1221 BRICCEL AVE.
SUITE 1020
City: MIAMI FL Zip Code: 33131

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: EMILIA DIARZ-FOX *[Signature]* 6/25/03
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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: *[Signature]* 4/28/03 305-278-7083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0063368

CP2E083 (10/02)