2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# L02000019054

Entity Name: CABOCHON HOMES, LLC

Current Principal Place of Business:

13615 SOUTH DIXIE HWY., #114-514
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

13615 SOUTH DIXIE HWY., #114-514
MIAMI, FL 33176

New Mailing Address:

FEI Number: 11-3648795 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHLOSSBERG, RUTH ROBLES
13615 SOUTH DIXIE HWY., #114-514
MIAMI, FL 33176

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	DE CASTILLA, TERRY RUIZ	
Address:	13615 SOUTH DIXIE HWY., #114-514	
City-St-Zip:	MIAMI, FL 33176	
Title:	MGRM	( ) Delete
Name:	SCHLOSSBERG, RUTH ROBLES	
Address:	13615 SOUTH DIXIE HWY., #114-514	
City-St-Zip:	MIAMI, FL 33176	
Title:	MGRM	( ) Delete
Name:	SCHLOSSBERG, PETER	
Address:	13615 SOUTH DIXIE HWY., #114-514	
City-St-Zip:	MIAMI, FL 33176	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TERRY RUIZ DE CASTILLA MGRM 04/30/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date