

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

FILED
May 29, 2003 8:00 am
Secretary of State

5/5/

05-05-2003 90691 040 ****55.00

DOCUMENT # LD2000022072

1. Entity Name
Unique Spec Homes LLC

DO NOT WRITE IN THIS SPACE



0000011
44002836

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>7392 NW 35 TERR</u> Suite, Apt. #, etc. <u>SUIT # 206</u> City & State <u>Miami FL</u> Zip <u>33122</u> Country	3. Mailing Address <u>7392 NW 35 TERR</u> Suite, Apt. #, etc. <u>SUIT # 206</u> City & State <u>Miami FL</u> Zip <u>33122</u> Country
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4. FEI Number <u>02-0639799</u>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JORGE STEIN

Street Address (P.O. Box Number is Not Acceptable)
7392 NW 35 TERR #206

City Miami FL Zip 33122

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] DATE _____

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>OPERATING MANAGER</u> <u>Jorge Stein</u> <u>7392 NW 35 TERR #206</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Vice-OPERATING MANAGER</u> <u>Roberto Heller</u> <u>7392 NW 35 TERR #206</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>SECRETARY</u> <u>Abbas Abrarpour</u> <u>7392 NW 35 TERR #206</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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] DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E003B (12/02)