


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90323 023 ****55.00

0018600

DOCUMENT # L02000025142		
1. Entity Name SOUTH BAY REALTY GROUP, L.L.C.		

Principal Place of Business 104 CRANDON BLVD., SUITE 306 KEY BISCAYNE FL 33149	Mailing Address 104 CRANDON BLVD., SUITE 306 KEY BISCAYNE FL 33149
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2. Principal Place of Business 50 W. HASTON DR.	3. Mailing Address 50 W. HASTON DR.
Site, Apt. #, etc. 2	Site, Apt. #, etc. 2

City & State KEY BISCAYNE, FLORIDA	City & State KEY BISCAYNE, FLORIDA
Zip 33149	Country USA




☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0647345	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BRITO & YOUNG PROFESSIONAL LIMITED COMPANY 1001 BRICKELL BAY DRIVE, SUITE 2112 MIAMI FL 33131

7. Name and Address of New Registered Agent Name ROBERTO CORTES/ALEGRIANE PARTNERS Street Address (P.O. Box Number is Not Acceptable) 50 W. HASTON DR. #2 City KEY BISCAYNE FL Zip Code 33149

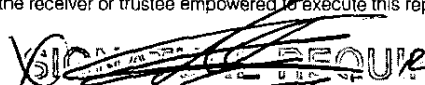
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  ROBERTO CORTES DATE 07/07/03
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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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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

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:  ROBERTO CORTES DATE 07/07/03 DAYTIME PHONE # (305) 365 7670

CR2E083 (10/02)