2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT # L02000025983

1. Entity Name

Principal Place of Business

CORAL GABLES INVESTMENT GROUP LLC



FILED Feb 07, 2003 8:00 am Secretary of State

02-07-2003 90012 034 ****50.00

THE Obligations of registered agent. SIGNATURE Signature hypeot or printed reane of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE	7561 S.W. 134 MIAMI FL 3316		7561 S.W. 134 COURT MIAMI FL 33183				20024615					
2 1 POACE DE LEON 21 POACE DE LEON 25 DE LEON										enine nemenin		
Suite Ap. # etc. Application Applicatio			•									
CLIVE States C. O. A.A.L. G. A. G. S. F.I. C. O. A.A.L. G. A. G. S. F.I. C. O. A.A.L. G. A. G. S. F.I. C. O. A. A.L. G. A. G. S. F.I. C. O. A. A.L. G. A. G. S. F.I. C. O. A. A.L. G. A. G. S. S. S. C. S. S. S. C. S. S. S. C. S. S. S. C. S. S. S. S. C. S.						0				•		
City & State	_					1		CHECK HERE IF M	AKING (CHANGES		
C. D. R.A.L. G. A.B.I.E. F. C. O. R.A.L. G. A.B.I.E. F. Y. G. O. S. C.												
Zip 3 3 3 3 4	COR	AL GABIES, FI		r/						` 		
MORETON, JORGE A 7561 S.W. 134 COURT MIAMI FL 33183	Zip 3 3 1	Country	Zip						of Status Desired 5.00 Additional			
MORETON, JORGE A 7561 S.W. 134 COURT MIAMI FL 33183 Street Address (PC. Box Number is Not Acceptable) City FL Zip Code 6. 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, hydroric criest name of registered agent and the applicable. PRILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANACING MEMBERS/MANAGERS ITTLE RIVAS, JOSE F. RIVAS, JOSE F. SITER ADDRESS CITY-ST-ZP CORAL GABLES FL 33146 Delete TITLE MAKE SITER ADDRESS CITY-ST-ZP TITLE MAKE SITER ADDRESS CITY-ST-ZP CITY-ST-ZP Change Addition MAKE SITER ADDRESS CITY-ST-ZP CHANGE ADDITIONS/CHANGES CITY-ST-ZP Change Addition Addition MAKE SITER ADDRESS CITY-ST-ZP Change Addition MAKE SITER ADDRESS CITY-ST-ZP CHANGE ADDITIONS/CHANGES CITY-ST-ZP Change Addition MAKE SITER ADDRESS CITY-ST-ZP CHANGE ADDITIONS/CHANGES CITY-ST-ZP Change Addition MAKE SITER ADDRESS CITY-ST-ZP Change Addition MAKE SITER ADDRESS CITY-ST-ZP CHANGE ADDITIONS/CHANGES CITY-ST-ZP Change Addition ADDITIONS/CHANGES CITY-ST-ZP Change Addition Change Addition MAKE SITER ADDRESS CITY-ST-ZP CHANGE ADDITIONS/CHANGES CITY-ST-ZP Change Addition Change ADDITIONS/CHANGES CITY-ST-ZP Change ADDITIONS/CHANGES CHANGE ADDITIONS/CHANGES CHANGE ADDITIONS/CHANGES CHANGE ADDITIONS/CHANGES CHANGE ADDITIONS/CH		6. Name and Address of Current F										
### Addition #### Addition #### Addition #### Addition #### Addition #### Addition #### Addition ##### Addition ###################################						Name						
MIAMI FL 33183 City FL Zip Code 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE Signature topic or present agent and title / application (NOTE, Registered Agent signature received agent and rearrange) ONTE	•				Street Address (BO Doublington): Alex Annual Link							
E. 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 Symbolium, types or presed name of registered agent and liter 1 registerious (NOTE Registered Agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the obligations of Florida Department of State						Sireer Audress (F.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature types or printed rame of registered agent and time if applicable (NOTE Registered Agent Signature required when relestancy) DATE	MIM	MI FL 33103				,						
B. 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 library S				·	City				FL	Zip Cod	e	
Synature, typed or printed agent and life if applicable (INDTE: Registered Agents synature, synature) (INDTE: Registered Agents synature) (INDTE: Registered Agents) (INDTE: Registered	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											
Synature, typed or printed agent and life if applicable (INDTE: Registered Agents synature, synature) (INDTE: Registered Agents synature) (INDTE: Registered Agents) (INDTE: Registered	SIGNATURE					,					1	
Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS / MANAGERS ITILE NAME RIVAS, JOSE F 1204 PLACETAS AVENUE CORAL GABLES FL 33146 ITILE NAME STREET ADDRESS ITILE NAME S	SIGNATURE .	Signature, typed or printed name of registered agent ar	Agent signat	ture required when re	einstating)		DATE					
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITTLE NAME RIVAS, JOSE F 1204 PLACETAS AVENUE CORAL GABILES FL 33146 Delete NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRES			FILE NO	W!!! F	EE IS \$	50.00						
MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES Addition												
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-S			Due	By Ma	y 1, 200	3						
TITLE RIVAS, JOSE F 1204 PLACETAS AVENUE COTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	9. MANAGING MEMBERS/MANAGERS 10.					·	1	ADDITIONS/CHA	NGES			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE	MGRM:	☐ Delete	TITLE		M				Change	Addition	
CITY-ST-ZIP CORAL GABLES FL 33146 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NA	NAME	RIVAS, JOSE F		NAME						0/10.190		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	1204 PLACETAS AVENUE		STREE	ET ADDRESS						}	
NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	CORAL GABLES FL 33146		CiTY-	ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE	M	☐ Delete	TITLE		MGRM		- \		Change	Addition	
CITY-ST-ZIP	NAME			NAME		MORE	 00	, Jorge A.	_	- •	_	
TITLE NAME NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP	STREET ADDRESS			STREE	T ADDRESS	7561 5	. س. ٤	134 COURT	-			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			CITY-	ST-ZIP	HIAMI	, E	7.33183		<u> </u>		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete -	TITLE					E	Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME			NAME	•							
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS							•				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY+ST-ZIP			CITY-	ST-ZIP							
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE		☐ Delete		1				E] Change	☐ Addition	
CITY-ST-ZIP	NAME											
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP)	•										
NAME STREET ADDRESS CITY-ST-ZIP CITYE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	CHY-SI-ZIP			CITY-	ST-ZIP			•				
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	TITLE		☐ Delete	TITLE					C] Change	☐ Addition	
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP						,						
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE TITLE NAME STREET ADDRESS CITY-ST-ZIP		• •	•	i i							}	
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP					51-ZIP				-			
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP .	TITLE	·	: Delete] Change	☐ Addition	
CITY-ST-ZIP . CITY-ST-ZIP .			•									
	,										ļ	
		artifus that the information of the state of	his filter along the second									

indicated on this report is true and accurate and that my stocature 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.

NG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: 20 1 WITE SIGNATURE AND TYPED OR PRINT

29/2003 (786)62/4282