

FILED
Jul 01, 2003 8:00 am
Secretary of State

05-08-2003 90079 019 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000027099			
1. Entity Name SAN GABRIEL VEN L.L.C.			
Principal Place of Business 2717 PONCE DE LEON BLVD. CORAL GABLES, FL 33134		Mailing Address 2717 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent DE VARONA, SERGIO CPA 304 PALERMO AVENUE CORAL GABLES, FL 33134		5. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
6. Signature of Current Registered Agent 		7. Signature of New Registered Agent _____	
8. MANAGING MEMBERS/MANAGERS		9. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE ANGELIS, GIOVANNI 2717 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE ANGELIS, MARISOLA 2717 PONCE DE LEON BLVD. CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(c), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: _____		505 SE 10610 46 (VARONA 05/29/03) 985-9899	

44005187

☐ CHECK HERE IF MAKING CHANGES

A. FEI Number: **04-3763966** Applied For: ☐ Not Applicable
B. Certificate of Status Desired: ☐ \$6.00 Additional Fee Required

CHANGES (10/02)