



FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90582 040 *****55.00

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

DOCUMENT # L02000029353					
1. Entity Name AMERICAN DEVELOPMENT, LLC					
Principal Place of Business 12550 BISCAYNE BLVD. SUITE 500 MIAMI, FL 33183			Mailing Address 12550 BISCAYNE BLVD. SUITE 500 MIAMI, FL 33183		
2. Principal Place of Business		3. Mailing Address X 12550 BISCAYNE BLVD			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 500			
City & State		City & State MIAMI FL		4. FEI Number 76-0718416	
Zip		Country USA		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, EDUARDO ESQ. 2665 S. BAYSHORE DRIVE SUITE 200, GRAND BAY PLAZA COCONUT GROVE, FL 33133			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS					
TITLE	MGR	<input type="checkbox"/> Delete			
NAME	CAMARA, OSCAR				
STREET ADDRESS	12550 BISCAYNE BLVD.				
CITY-ST-ZIP	MIAMI, FL 33181				
TITLE	MGR	<input type="checkbox"/> Delete			
NAME	GRACIOSI, GABRIEL				
STREET ADDRESS	12550 BISCAYNE BLVD.				
CITY-ST-ZIP	MIAMI, FL 33181				
TITLE	MGR	<input type="checkbox"/> Delete			
NAME	JUAREZ, RAFAEL				
STREET ADDRESS	12550 BISCAYNE BLVD.				
CITY-ST-ZIP	MIAMI, FL 33181				
TITLE	MGR	<input type="checkbox"/> Delete			
NAME	GONZALEZ, TEODORO				
STREET ADDRESS	12550 BISCAYNE BLVD.				
CITY-ST-ZIP	MIAMI, FL 33181				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
10. ADDITIONS/CHANGES					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 60B, Florida Statutes.					
SIGNATURE:  4-28-03 (305) 244 3904					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date Daytime Phone #					

CR2E083 (10/02)