

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000031813

1. Entity Name
THE PROJECT 2 LLC



Principal Place of Business
1390 BRICKELL AVE., STE. 200
MIAMI, FL 33131

Mailing Address
1390 BRICKELL AVE., STE. 200
MIAMI, FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CASTILLO B., ALVARO ESQ
1390 BRICKELL AVE., STE. 200
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

000020524050

04/03--01055--014 **\$5.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME CHERRY APARTMENTS LLC
STREET ADDRESS 1390 BRICKELL AVE., STE. 200
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME THE PROJECT LLC
STREET ADDRESS 1390 BRICKELL AVE., STE. 200
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME Jorge Venosta
STREET ADDRESS 1390 Brickell Avenue, Suite 200
CITY-ST-ZIP Miami, Florida 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME Santiago Ruiz
STREET ADDRESS 1390 Brickell Avenue, Suite 200
CITY-ST-ZIP Miami, Florida 33131

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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.

Cherry Apartments LLC

SIGNATURE: *Jorge Venosta*, Jorge Venosta, MGR

5/28/03

(305) 371-5540

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

Date

Daytime Phone #

CR2E083 (10/02)