

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90044 016 ****50.00

DOCUMENT # L02000031972

1. Entity Name

SOUTH FLORIDA ASSOCIATES, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

25 SE 2ND AVENUE

Suite, Apt. #, etc.

712

City & State

MIAMI - FL

Zip

33131

Country

USA

3. Mailing Address

25 SE 2ND AVENUE

Suite, Apt. #, etc.

712

City & State

MIAMI - FL

Zip

33131

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0657136

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

GABRIELA GUIMARAES

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

25 SE 2ND AVENUE, SUITE 712

City

MIAMI

FL

Zip Code

33131

**DO NOT WRITE
IN THIS SPACE**

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

Gabriela Guimarães

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

04/07/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MANAGER
NAME	GABRIELA M.M. GUIMARAES
STREET ADDRESS	25 SE 2 ND AVENUE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	SECRETARY
NAME	TILSON MACHADO
STREET ADDRESS	25 SE 2 ND AVENUE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	SECRETARY
NAME	JOSE TENORIO-DE A. LINS NETO
STREET ADDRESS	25 SE 2 ND AVENUE
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Gabriela Guimarães

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

Date

Daytime Phone #

04/07/03 305-577-9461

CR2E083B (12/02)