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

DOCUMENT # L02000031972

1. Entity Name

SOUTH FLORIDA ASSOCIATES, LLC



## FILED Apr 09, 2003 8:00 am Secretary of State 04-09-2003 90044 016 \*\*\*\*50.00

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DC	NOT WRITE	IN THIS S	PACE			
2. Principal Place of	of Bysiness ,,	3. Mailing Address	, ,	artegranis isologi.		
25 SE 2	P AVENUE	25 SE 21	AUEL	IUE	,	
Suite, Apt. #, etc.		Suite, Apt. #, etc. + 12		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number	Applied For	
MIAMI-FL		MIAHI- FL		02-0657136	Not Applicable	
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					7. Name and Address of Current Register	<del></del>
	DO MOTAM		Name	GAR	RIELA GUI HARAE	
DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable)			
' IN THIS SPACE				ک د	E 25 AVENUE, S	OUE FIR
						·
<b>.</b>			City	HAIL	lî F	L   <sup>zip</sup> 399131
8. The above name	ed entity submits this statement for if registered agent.	the purpose of changing its	registered office	or registere	ed agent, or both, in the State of Florida. I am	familiar with, and accept
the congations o	The poil of	Manoritan			0/	104/02
SIGNATURE Signatur	ite typed or printed name of registret agents	ind title i Karbiicable.			DATE DATE	07/03
	111111111111111111111111111111111111111		FEE IS \$50.00		SALE SALE	
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9.	MANAGING MEMBE	RS/MANAGERS	ogeningen State verteben und State Migner eines verteben Angenen und State verteben und			
NAME HA	BRIELA H. M. QUIT	TALAES .	TITLE NAME			
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CITY-ST-ZIP	41AH1 FL 331		CITY: ST-ZIP			
TITLE SEC	CRETARY	<u> </u>	TITLE			
NAME LIA	CZON HACHADO	)    F	NAME			
STREET ADDRESS 25		U N.	STREET ADDRESS			
	MANIFE, 33	[3]	CITY-ST-ZIP			
NAME SE	CRETA'RY SE TENORIO-DE	A. LINS NET	d mie			
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NAME			NAME		IN THIS SPA	UE
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NAME STREET ADDRESS			NAME CIRCLE ADDRESS	1		
CITY-ST-ZIP			Street Address City-St-Zip			
TITLE			MILE			
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	1	<u> 1900 - Anna Carlos Maria de Grando de Maria de Grando </u>	
indicated on this	that the information supplied with s report is true and accurate and t ompany or the receiver or trustee	hat my signature shall have t	the same legal eff	ect as if ma	ction 119.07(3)(i), Florida Statutes. I further coade under oath; that I am a managing member 608, Florida Statutes.	ertify that the information per or manager of the