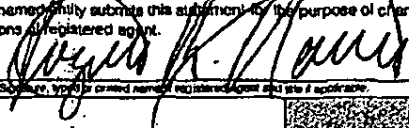
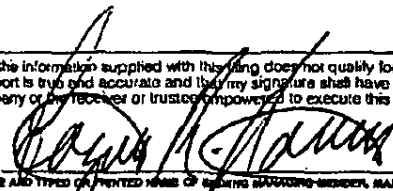


FILED
Jun 27, 2003 8:00 am
Secretary of State

05-28-2003 90035 022 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L020000 32484			
1. Entity Name Victoria Bay Estates, LLC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 2550 S. Bayshore Dr. Suite, Apt. #, etc. Suite # 2 City & State Miami FL Zip 33133 Country USA		3. Mailing Address 2550 S. Bayshore Dr. Suite, Apt. #, etc. Suite # 2 City & State Miami FL Zip 33133 Country USA	
		4. FEI Number 03-0495531	
		Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent Name Lazaro R. Navarro Street Address (No. Box Number, Not Acceptable) 2550 S. Bayshore Dr. Suite # 2 City Miami FL Zip Code 33133	
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 		DATE 5/1/03	
		FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY	
9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Partner Lazaro R. Navarro 2550 S. Bayshore Dr. Miami, FL 33133	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Ruben Ariles 2550 S. Bayshore Dr. Miami, FL 33133	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		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)(f), 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: 		DATE 5/1/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

CR2E0838 (12/02)