

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

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90065 003 \*\*\*\*50.00

DOCUMENT # L02000033515

1. Entity Name

CASA DE CAMPO DEVELOPMENTS, LLC



**DO NOT WRITE IN THIS SPACE**

20020327

2. Principal Place of Business  
12900 SW 128 STREET

3. Mailing Address  
12900 SW 128 STREET

Suite, Apt. #, etc.  
#205

Suite, Apt. #, etc.  
#205

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FL

City & State  
MIAMI, FL

4. FEI Number 11-3672121

Applied For  
Not Applicable

Zip  
33186

Country

Zip  
33186

Country

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 CANDIDA GARCIA

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

12900 SW 128 STREET, #205

City MIAMI

FL

Zip Code  
33186

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.

CANDIDA GARCIA

01/23/03

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGMR  
CANDIDA GARCIA  
12900 SW 128 ST #205, Miami, FL 33186

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGMR  
HECTOR J. GARCIA  
12900 SW 128 ST #205, Miami, FL 33186

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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**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:

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

Candida Garcia Managing Memnt 01/23/03

Date

Daytime Phone #

CR2E083B (12/02)