

UUCGZGZ' 17

### 1. Entity Name

FILED

01 APR 27 PM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L960000000097		FILED	
1. Entity Name SAND LAKES VILLAS L.C.		01 APR 27 PM 11:33	
Principal Place of Business 7525 N.W. 8 STREET, SUITE 201 MIAMI FL 33126		Mailing Address 7525 N.W. 8 STREET, SUITE 201 MIAMI FL 33126	
2. Principal Place of Business 6500 N.W. 72 Avenue Suite, Apt. #, etc. City & State Miami, Florida Zip 33166 Country USA		3. Mailing Address 6500 N.W. 72 Avenue Suite, Apt. #, etc. City & State Miami, Florida Zip 33166 Country USA	
4. FEI Number 65-0654686		Applied For Not Applicable	
5. Certificate of Status Desired		X \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LAGE, GONZALO M 7525 N.W. 8 STREET, SUITE 201 MIAMI FL 33126		7. Name and Address of New Registered Agent Name SAME REGISTERED AGENT Street Address (P.O. Box Number is Not Acceptable) 6500 N.W. 72 Avenue City Miami FL Zip Code 33166	
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.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State		300004218943--8 -05/15/01--01146--015 *****55.00 *****55.00	
9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR LAGE, GONZALO M 7525 N.W. 8 STREET, #201 MIAMI FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR CHALBAUD, LUIS RAMON 7525 N.W. 8 STREET, #201 MIAMI FL 33126		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
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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] Gonzalo M. Lage, Managing Partner 4/25/01 (305) 436-9787			