

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000000278	
1. Entity Name DE ZARRAGA GROUP, L.C.	



FILED

03 MAY -5 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business 1101 BRICKELL AVE., SUITE 1400 MIAMI FL 33131	Mailing Address 1101 BRICKELL AVE., SUITE 1400 MIAMI FL 33131
---	---

2. Principal Place of Business 2605 S. Bayshore Dr. Suite 200 Miami, FL 33133	3. Mailing Address 2605 S. Bayshore Dr. Suite 200 Miami, FL 33133
---	---

4. FEI Number 65-0849412	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GUTIERREZ, NICHOLAS J 1101 BRICKELL AVE., SUITE 1400 MIAMI FL 33131	
---	--

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2605 S. Bayshore Dr. Grand Bay Plaza, Suite 200 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 **Nicholas J. Gutierrez Jr.** **Nicholas J. Gutierrez Jr., Esq. Registered Agent 4/23/03**

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003	
--	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE ZARRAGA, MARCOS 416 AMALFI AVENUE CORAL GABLES FL 33146-2205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRELLEZO, ESTEBAN J 8765 S.W. 53RD COURT MIAMI FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE ZARRAGA, MANUEL ONE BISCAYNE TOWER SUITE 1800 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUTIERREZ, NICOLAS J JR., ESQ 1101 BRICKELL AVE., SUITE 1400 MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Nicholas J. Gutierrez Jr., Esq. Manager 4/23/03 (305) 285-0820**

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

CR2E083 (10/02)