

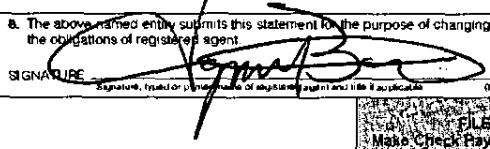
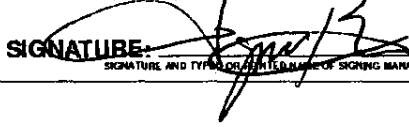
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001268			
1. Entity Name SEVILLA PROFESSIONAL CENTRE, L.C.			
Principal Place of Business 329 GRANELLO AVENUE CORAL GABLES, FL 33146		Mailing Address 329 GRANELLO AVENUE CORAL GABLES, FL 33146	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent UNITED STATES REGISTERED AGENTS, INC. 329 GRANELLO AVENUE CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name Ignacio Borbolla Street Address (P.O. Box Number is Not Acceptable) 265 Sevilla Avenue City Coral Gables FL 33134	
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 4/8/03	
FILE NOW WITH FEES OF \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOFFMANN, JOHN L 329 GRANELLO AVENUE CORAL GABLES, FL 33146 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member 2 ☐ Change ☒ Addition Leticia H. Borbolla 265 Sevilla Avenue Coral Gables, FL 33134 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 600, Florida Statutes.			
SIGNATURE 		DATE 4/8/2003 (305) 444-7575	
SIGNATURE AND TYPE OF OFFICE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

CR2003 (10/02)