

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90465 001 \*\*\*\*\*50.00  
 05-14-2002 90465 002 \*\*\*\*\*5.00

**DOCUMENT # L98000001986**

1. Entity Name

**WETLANDS CONSERVATION PROJECT, LLC**

Principal Place of Business

**1717 N. BAYSHORE DR., STE 114  
 MIAMI FL 33132**

Mailing Address

**1717 N. BAYSHORE DR., STE 114  
 MIAMI FL 33132**

2. Principal Place of Business

**150 Alhambra Circle**

3. Mailing Address

**150 Alhambra Circle**

Suite, Apt. #, etc.

**Suite 800**

Suite, Apt. #, etc.

**Suite 800**

City & State

**Coral Gables, FL**

City & State

**Coral Gables, FL**

Zip

**33134**

Country

**USA**

Zip

**33134**

Country

**USA**

6. Name and Address of Current Registered Agent

**S & K PROPERTY MANAGEMENT, INC.  
 1717 N. BAYSHORE DRIVE., STE 114  
 MIAMI FL 33132**

7. Name and Address of New Registered Agent

Name

**S & K Property Management, Inc.**

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

**150 Alhambra Circle**

**Suite 800**

City

**Coral Gables**

**FL**

Zip Code

**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.

SIGNATURE

*Lidia Cartaya*  
 Signature, typed or printed name of registered agent and title if applicable.

**Vice President**

**04/29/02**

(NOTE: Registered Agent signature required when reinstating)

DATE

**Lidia Cartaya**

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME	<b>MGRM</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>GULL HOUSE PARTNERS, INC.</b>	
CITY-ST-ZIP	<b>1717 N. BAYSHORE DR., SUITE 104 MIAMI FL 33132</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE NAME	<b>MGRM</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>Gull House Partners, Inc.</b>	
CITY-ST-ZIP	<b>150 Alhambra Circle, Suite 800 Coral Gables, FL 33134</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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 REQUIRED**

**Vice President 04/29/02 (305) 476-0955**

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

Date

Daytime Phone #

CR2E083 (9/01)