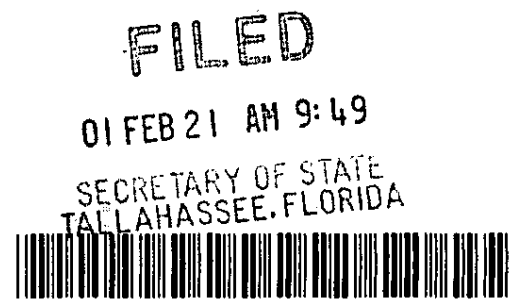


2001 UNIFORM BUSINESS REPORT (UBR)

0000367 AF

DOCUMENT # L98000003034
1. Entity Name
CASAHOME, LLC



Principal Place of Business
2 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131

Mailing Address
2 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131

2. Principal Place of Business
200 South Biscayne Blvd.

3. Mailing Address
200 South Biscayne Blvd.

Suite, Apt. #, etc.
Suite # 4100

Suite, Apt. #, etc.
Suite # 4100

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33131

Country
Miami-Dade

Zip
33131

Country
Miami-Dade

4. FEI Number
65-0882027

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
VALDES-FAULI CORPORATE SERVICES, INC.
2 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI FL 33131

7. Name and Address of New Registered Agent
Name
RJVE Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
200 South Biscayne Blvd.
Suite # 4100
City
Miami, Florida FL Zip Code
33131

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  2/16/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

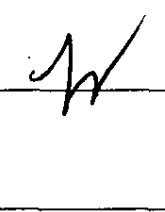
9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	BELTRAN, EDUARDO	2 SOUTH BISCAYNE BLVD., SUITE 3400	MIAMI FL 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

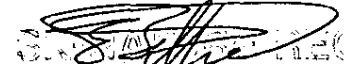
10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
MGR	BELTRAN, EDUARDO	200 South Biscayne Blvd., Suite # 4100	Miami, Florida 33131	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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*****50.00 *****50.00



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:  2/5/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)