

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90582 024 *****00.00

DOCUMENT # L98000003034

1. Entity Name

CASAHOME, LLC



Principal Place of Business 200 SOUTH BISCAYNE BLVD. SUITE 4100 MIAMI FL 33131	Mailing Address 200 SOUTH BISCAYNE BLVD. SUITE 4100 MIAMI FL 33131
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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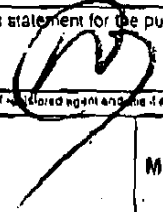


☐ CHECK HERE IF MAKING CHANGES

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 RJVF CORPORATE SERVICES, INC. 200 SOUTH BISCAYNE BLVD., STE 4100 MIAMI FL 33131	7. Name and Address of New Registered Agent Name Corporate International Registered Agent Inc. Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Blvd., Suite # 4100 Miami City Miami FL Zip Code 33131
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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 1/27/03

FILE NOW!!! FEE IS \$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	MGR BELTRAN, EDUARDO 200 SOUTH BISCAYNE BLVD., SUITE 4100 MIAMI FL 33131 ☐ 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 60B, Florida Statutes.

SIGNATURE:  DATE 4/28/03 305-698-8990

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

Date

Daytime Phone #