

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

0015116

05-05-2003 92212 031 \*\*\*\*50.00

**DOCUMENT # L98000003039**

1. Entity Name  
**WEST 16 CONDOMINIUM, L.L.C.**



Principal Place of Business      Mailing Address

**C/O FRANK J. SEGREDO, ESQ.  
901 PONCE DE LEON BLVD., SUITE 601  
CORAL GABLES FL 33134**

**C/O FRANK J. SEGREDO, ESQ.  
901 PONCE DE LEON BLVD., SUITE 601  
CORAL GABLES FL 33134**

2. Principal Place of Business      3. Mailing Address

**9350 South Dixie Highway**      **9350 South Dixie Highway**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**Suite 1500**      **Suite 1500**

City & State      City & State

**Miami, FL.**      **Miami, FL.**

Zip      Country      Zip      Country

**33156**      **USA**      **33156**      **USA**

4. FEI Number      **65-0997315**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SEGREDO, FRANK J ESQ.  
901 PONCE DE LEON BLVD., SUITE 601  
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

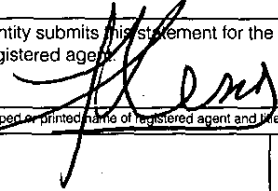
Name  
**Frank J. Segredo, Esq.**

Street Address (P.O. Box Number is Not Acceptable)  
**9350 South Dixie Highway**

**Suite 1500**

City      State      Zip Code  
**Miami**      **FL**      **33156**

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       (NOTE: Registered Agent signature required when reinstating)      DATE

**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	<b>MGRM NADER, JUAN CARLOS 1584 W. 39TH PLACE HIALEAH FL 33012</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM QUINTANILLA, PEDRO 1588 W. 39TH PLACE HIALEAH FL 33012</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

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 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
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:**       **SKIN/TITE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)