

**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 C/O FRANK J. SEGREDO, ESQ. 901 PONCE DE LEON BLVD., SUITE 601 CORAL GABLES FL 33134	Mailing Address C/O FRANK J. SEGREDO, ESQ. 901 PONCE DE LEON BLVD., SUITE 601 CORAL GABLES FL 33134
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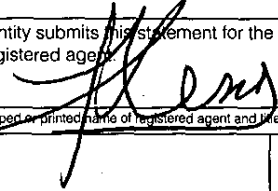
CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 9350 South Dixie Highway Suite, Apt. #, etc. Suite 1500 City & State Miami, FL.	3. Mailing Address 9350 South Dixie Highway Suite, Apt. #, etc. Suite 1500 City & State Miami, FL.
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4. FEI Number 65-0997315	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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 Miami FL Zip Code 33156
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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  (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	MGRM NADER, JUAN CARLOS 1584 W. 39TH PLACE HIALEAH FL 33012 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM QUINTANILLA, PEDRO 1588 W. 39TH PLACE HIALEAH FL 33012 <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)