2003 LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800003039 1. Entity Name

WEST 16 CONDOMINIUM, L.L.C.



FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92212 031 ****50.00

Principal Plac	e of Business		lailing Address		_ 							
C/O FRANK J. SEGREDO. ESO. 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				1 1 10 110 11	K a 1818 1 (8 11) 88 1)	II 98 44 88 14 88 1		(1111) 42(48	: 1474 0 (15 4) (56 7
2. Principal P	lace of Business	3.	Mailing Address									
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	6. Name and Address of Cu					7.	Name and	Address of N	lew Register	red Ag	jent	
901 (redo, frank j esq. Ponce de Leon Blvd., sui	TE 601			Street Ac	ddress (P.O. E	3ox Numbe	r is Not Acced	otable)	_ <u>-</u>	<u> </u>	
COR	AL GABLES FL 33134					o Journ	LUINIE	: Highwa				
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9 The above	named entity submits his statem	ant for the r	number of abone	ing its regists	<u>Mia</u>	mi societored on		in the Ctate			331	56
the obligati	ions of registered agent		ourpose of chang	ling its registe	erea onice or	registered ag	gent, or both	i, in the State	of Fiorida, T	am tar	niliar With	i, and accep
SIGNATURE -	Signature, typed or printed hame of registered	agent and title	if applicable.	(NOTE: Register	red Agent signatur	re required when re	einstating)		DA	TE.		
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9.	MANAGING MI	EMBERS/M	MANAGERS	10				ADDITIO	ONS/CHAN	GES		
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NAME	NADER, JUAN CARLOS			NAI	ME							
STREET ADDRESS	1584 W. 39TH PLACE			STF	REET ADDRESS							
CITY-ST-ZIP	HIALEAH FL 33012			CIT	Y-ST-ZIP			_				
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NAME	QUINTANILLA, PEDRO			NAI	ME							
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CITY-ST-ZIP	HIALEAH FL 33012			CIT	Y-ST-ZIP							
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indicated	ertify that the information surplied on this report is true and 4ccurate	with this file and that m	iirig does not qua ny signature shall	uny for the exe have the sam	emption state le legal effect	ea in Section : t as if made u	1 19.07(3)(i) under oath;	, Fiorida Statu that I am a m	ites. I further ianaging mei	certify mber o	that the or manag	information jer of the

trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #