FILED
Aug 01, 2002 8:00 am
Secretary of State
07-24-2002 90159 001 ***200.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000003437

1. Entity Name
VILLA LAS MARIAS, L.L.C.

Principal Place of Business	Mailing Address
6619 S. DIXIE HIGHWAY, SUITE 312 MIAMI FL 33143	~~6619 S. DIXIE HIGHWAY, SUITE 312~~ ~~MIAMI FL 33143~~ 3300 P.G.A BLVD. # 500 PALM BEACH GARDENS FLORIDA 33410
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0889955 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~ELIZECHE, MARIA LOURDES~~ Dan Probst ~~6619 S. DIXIE HIGHWAY, SUITE 312~~ 3300 P.G.A BLVD # 500 ~~MIAMI FL 33143~~ Palm Beach Gardens FL. 33410	Name DANIEL J. PROBST Street Address (P.O. Box Number is Not Acceptable) 3300 PGA BLVD, STE 500 City Palm Beach Gardens FL Zip Code 33410

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 [signature] 7/30/2002
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
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ~~ELIZECHE, MARIA LOURDES~~ MARK SMITKE(?) 6619 S. DIXIE HIGHWAY, SUITE 312 MIAMI FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 608, Florida Statutes.

SIGNATURE: [signature] SIGNATURE REQUIRED 7/8/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)