

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002494**

1. Entity Name  
**CORDOBA DEVELOPERS, L.C.**

**FILED**  
**01 JUL -5 AM 8:47**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business      Mailing Address  
**1393 S.W. 1st Street**  
**Miami, FL**

2. Principal Place of Business      3. Mailing Address  
**1200 Brickell Ave.**      **1200 Brickell Ave.**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**1440**      **1440**

City & State      City & State  
**Miami, FL**      **Miami, FL**  
Zip      Country      Zip      Country  
**33131**      **USA**      **33131**      **USA**

4. FEI Number      Applied For  
**65 0917404**       Not Applicable  
5. Certificate of Status Desired       **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MANUEL A. RAMIREZ**  
**1200 BRICKELL AVENUE, SUITE 1440**  
**MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      **FL**      Zip Code

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.

SIGNATURE      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE



**800004475318--6**  
**07/13/01--01100--006**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

MANAGING MEMBERS/MEMBERS	
LE ME REET ADDRESS Y-ST-ZIP	Mgr <input type="checkbox"/> Delete <b>JAD PARTNERS, LTD.</b> <b>1414 Brickell Ave.</b> <b>Miami, FL 33131</b>
LE ME REET ADDRESS Y-ST-ZIP	Mgr <input type="checkbox"/> Delete <b>MERCOSUR INVESTMENTS, INC.</b> <b>1393 S.W. 1st Street</b> <b>Miami, FL 33135</b>
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete
LE ME REET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete
LE ME REET ADDRESS Y-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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **ROBERTO AM, PRES. MERCOSUR INV, MGR**      Date: **30/3/2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Daytime Phone #

CR2E083 (11/00)