

2002-2003
**LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

192

DOCUMENT # 499 00000 2494
 1. Entity Name
Cordoba Developers L.C.



FILED
 03 MAY 15 PM 12:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0917404		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		Additional Fee Required	
Zip		Zip		- <input checked="" type="checkbox"/> \$5.00		Additional Fee Required	
Country		Country					

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7. Name and Address of Current Registered Agent

Name Aurelio A Piedra
 Street Address (P.O. Box Number is Not Acceptable) 180 NW 42 Ave.
516
 City Miami FL Zip Code 33126

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 Aurelio Piedra DATE 3/31/03

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE	<u>MGR</u>	TITLE	
NAME	<u>JAD Partners Ltd</u>	NAME	
STREET ADDRESS	<u>1414 Brickell Ave</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Miami FL 33131</u>	CITY-ST-ZIP	
TITLE	<u>MGR</u>	TITLE	
NAME	<u>mercosur Invest Inc.</u>	NAME	
STREET ADDRESS	<u>1393 Sw 1st</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Miami, FL 33135</u>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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] DATE 3/31/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/02)

292

Miami, April 29, 2003

Division of corporation

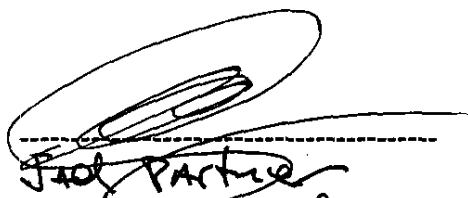
Dear Sirs:

I have never received my annual report due to the fact that I was out of town, and the mail address was wrong.

Please abate the penalties accordingly

Don't hesitate to contact me if you have any questions, at my new registered agent address

Sincerely



Fred Parker
Mem. Newberry
Walter Duford, Inc.