

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004937**

1. Entity Name  
**LGV INVESTMENTS, L.L.C.**

FILED

00 JAN 10 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**1340 CORUNA AVENUE  
CORAL GABLES FL 33156**

Mailing Address  
**1340 CORUNA AVENUE  
CORAL GABLES FL 33156-6314**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0946220**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DEL VALLE, LUIS G  
1340 CORUNA AVENUE  
CORAL GABLES FL 33156**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME  Delete  
**MGRM  
DEL VALLE, LUIS G  
1340 CORUNA AVENUE  
CORAL GABLES FL 33156**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME  Delete  
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STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY- ST- ZIP

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: *Luis G. Valle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7 Jan 2000 305 458 3013  
Date Daytime Phone #

FILED 10-1-00