2003 LIMITED LIABILITY COMI UNIFORM BUSINESS REPORT (
DOCUMENT # L9900008811 1. Entity Name	
LIKOLI DI ATEALI DOGDEDTICO LA G	13



1. Entity Nar	ATEAU PROPERTIES, L.L.C.	008811			03-03-2003 90004 005 ****50.00
Principal Place of Business 1401 BRICKELL AVENUE. SUITE 520 MIAMI FL 33131		Mailing Address 1401 BRICKELL AVENUE, MIAM! FL 33131	1401 BRICKELL AVENUE. SUITE 520		
2. Principal Place of Business		3. Mailing Address	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES
City & State			City.& State		4. FEI Number 65-0967766 Applied For Not Applicable
Žip	Country	Zip	Coun	try	5. Certificate of Status Desired
	6. Name and Address of Currer	nt Registered Agent		Name	7. Name and Address of New Registered Agent
ENRIQUEZ, STEPHEN C 19 WEST FLAGLER STREET, SUITE 600 MIAMI FL 33130		600			(P.O. Box Number is Not Acceptable)
3				City	FL Zip Code
8. The above the obligat	e named entity submits this statement tions of registered agent.	for the purpose of changing it	s registere	ed office or registere	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered	d Agent signature required v	d when reinstating) DATE
		FILE N Make Check Payat	IOW!!! Fole to Fig	EE IS \$50.00	
9.	MANAGING MEMB	ERS/MANAGERS	10.	Y-*-	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARQUETTE, DAVID 1401 BRICKELL AVENUE, SUIT MAIMI FL 33131	□ Delete E 520		!	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS 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:

Date

Daytime Phone #