

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90231 010 ****55.00

DOCUMENT # L99000009343

1. Entity Name

Cardel at Sawgrass, L.C.

DO NOT WRITE IN THIS SPACE

966590

2. Principal Place of Business

3265 N.W. 87 Ave.

Suite, Apt. #, etc.

3. Mailing Address

3265 N.W. 87th Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33172

Country

USA

Zip

33172

Country

USA

4. FEI Number

650999958

Applied For

Not Applicable

5. Certificate of Status Desired XXX

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Linda Pacheco

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

do Cardel Hospitality Group

3265 N.W. 87th Avenue

City

Miami

FL

Zip Code

33172

**DO NOT WRITE
IN THIS SPACE**

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

Linda Pacheco

Linda Pacheco

Signature, typed or printed name of registered agent, and use if applicable

4/29/02
DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
MGRM	G.P. Holdings, Inc.	3265 N.W. 87th Avenue	Miami, FL 33172
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

[Handwritten Signature]

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

4/29/02 305-500-9998
Date Daytime Phone

CR2E083B (12/01)