2001	UNIFORM	BUSINESS	REPORT	(UBR)
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	MENT # M990	00001841							
1. Entity Name SOUTH BAYSHORE INVESTMENTS, LLC						FILEÒ			
<u> </u>				<del>-:</del>		_			
Principal Plac	ce of Business	Mailing Address				2001 APR 20 AM II: 25			
2665 SOUTH BAYSHORE DRIVE. SUITE 1101 2665 SOUTH BAYSHORE DRIVE. SUI MIAMI FL 33133 MIAMI FL 33133						DIVISION OF CORPOR	RATIONS ORIDA		
2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State		4. FEI i	4. FEI Number 65-0962 160 Applied For Not Applicable				
Zip	Country	Zip	Cour	ntry	_   '	ficate of Status Desired	Fee Require		
	6. Name and Address of Current	Registered Agent		Name	7. Nam	e and Address of New Regist	ered Agent		
COBER C	CORPORATE AGENTS, INC.			Street Address (P.O. Box Number is Not Acceptable)					
2601 SO	uth Bayshore Drive, 19th FLC - 33133	OOR						-	
MIN WALL	. 00100			City	<del></del>	· · · · · ·	FL Zip Cod	e	
8. The above	named entity submits this statement fo	r the purpose of changing its	s register	ed office or regi	stered agent,	or both, in the State of Florida.	,		
						€			
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	d Agent signature rec	quired when reinstat	ng) [	DATE		
		FILE N	ווואס	FEE IS \$50.					
		Make Check Pa							
9.	MANAGING MEMBI	ERS / MEMBERS	10.	<del></del> _		ADDITIONS/CHAI	VGES		
TITLE	MGRM	Delete	TITL	E			<del></del> -	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	ELEJALDE, EDUARDO 2665 SOUTH BAYSHORE DRIVE, SUITE 1101  NAME STREET			EET ADDRESS -ST-ZIP	回回回回4036回409				
TITLE	MIAMI FL 33133 MGRM	☐ Delete	TITL	E ·		·	☐ Change	☐ Addition	
name Street address	HERNANDEZ, DENISE			ET ADORESS					
CITY-ST-ZIP	MIAMI FL 33133		_	-ST-ZIP	·		Change	CT Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2003 300111 DATSHORE DRIVE, SOITE 1101				÷ ;		Change	☐ Addition	
TITLE	MIAMI FL 33133 CITY-			1			Change	Addition	
NAME STREET ADDRESS			NAM STRE	ET ADDRESS				,	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			-ST-ZIP			Change	Addition	
TITLE NAME		☐ Delete	TITLE NAM				. Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	TETEL				Change	Addition	
NAME Street Address City-St-Zip	•			ET ADORESS -ST-ZIP					
indicated	certify that the information supplied with on this report is true and accurate and bility company of the receiver of trustee	that my signature shall have	the same	e legal effect as	if made unde	roath; that I am a managing m			
SIGNAT	URE:	F SIGNING MANAGING MEMBER, MA		HERNANDE AUTHORIZED REPI		4 IL OI	305 - 285 - L Daytime Phone #	1841	