


FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90039 046 ****50.00

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

DOCUMENT # L02000027462
 1. Entity Name
CHAPARRAL HOLDINGS, LLC



30059705

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2588 SW 27TH AVE	3. Mailing Address 2588 SW 27TH AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State MIAMI, FL	City & State MIAMI, FL	4. FEI Number 11-3657359	Applied For Not Applicable
Zip 33133	Country U.S.	Zip 33133	Country U.S.
		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**DO NOT WRITE
 IN THIS SPACE**

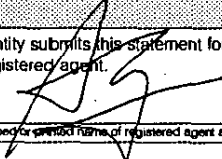
7. Name and Address of Current Registered Agent

Name **ANTONIO GARCIA**

Street Address (P.O. Box Number is Not Acceptable)
2588 SW 27TH AVE.

City **MIAMI, FL** Zip Code **33133**

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  DATE **4/14/03**

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

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RINCON, BENJAMIN 3155-V FLOWER RD. S. ATLANTA, GA 30241	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VIVES, MAURICIO 2588 SW 27TH AVE. MIAMI, FL 33133	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
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CR2E0836 (12/02)

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 606, Florida Statutes.

SIGNATURE:  DATE **4/14/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #