

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L00000011655

Entity Name: PROQUIBER 2000, LLC

FILED  
Apr 24, 2008  
Secretary of State

**Current Principal Place of Business:**

10800 NW 21ST STREET  
UNIT 200  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

10800 NW 21ST STREET  
UNIT 200  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 65-1043731      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

STEWART AGENT SERVICES  
2199 PONCE DE LEON BLVD.,  
SUITE 301  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MVP ( ) Delete  
Name: ALVAREZ, VICTOR  
Address: 2199 PONCE DE LEON BLVD., SUITE 301  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MVP (X) Change ( ) Addition  
Name: STINSON, JR., LOUIS  
Address: 2199 PONCE DE LEON BLVD., SUITE 301  
City-St-Zip: CORAL GABLES, FL 33134

Title: AS ( ) Change (X) Addition  
Name: JORDAN, KATHY  
Address: 2199 PONCE DE LEON BLVD., SUITE 301  
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LOUIS STINSON, JR.      M      04/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date