

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90257 005 \*\*\*\*55.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L01000017916**

1. Entity Name  
**9781 E BAY HARBOR DRIVE II, LLC**

Principal Place of Business      Mailing Address  
**9781 EAST BAY HARBOR DRIVE**      **9781 EAST BAY HARBOR DRIVE**  
**BAY HARBOR ISLAND FL 33154**      **BAY HARBOR ISLAND FL 33154**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      **2742 BISCAYNE BLVD**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**MIAMI FL**  
 Zip      Country      Zip      Country  
**FL**      **BADE**

4. FEI Number      Applied For  
**05-1148552**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

<b>GRISALES &amp; ALFANO, LLC</b> <b>999 304 BRICKELL AVE. SUITE 200 700</b> <b>MIAMI FL 33131</b>	Name	
	Street Address (P.O. Box Number Is Not Acceptable)	<b>999 BRICKELL AVE.</b>
		<b># 700</b>
	City	<b>MIAMI FL 33131</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PARTNER</b> <b>Guillermo Cristian Mansilla</b> <b>1001 Brickell Bay Dr #2600</b> <b>Miami FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PARTNER</b> <b>Adolfo Muler</b> <b>1001 Brickell Bay Dr #2600</b> <b>Miami FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PARTNER</b> <b>Alejandro Adrian Zaleski</b> <b>1001 Brickell Bay Dr #2600</b> <b>Miami FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PARTNER</b> <b>Ernesto Luis Brodschi</b> <b>1001 Brickell Bay Dr #2600</b> <b>Miami FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PARTNER</b> <b>Eduardo Roberto Brakman</b> <b>1001 Brickell Bay Dr #2600</b> <b>Miami FL 33131</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: SIGNATURE OF AUTHORIZED REPRESENTATIVE      Date: 4/20/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Daytime Phone #

CR2E083 (9/01)