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

DOCUMENT # L02000032451

1. Entity Name

AIZPURUA INVESTMENTS, L.L.C.



FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 90269 032 ****50.00

DO NOT WRITE 2. Principal Place of Business 8007 N.W. 29 STIECT	: 3. Mailing Address	CE 29 street		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State Miami F/ City & State Miami		-/	4. FEI Number 72-155 9930	Applied For Not Applicable
33122 Country USA	Zip Co	untry USA	5. Certificate of Status Desired	\$5.00 Additional Fee Required
J. J			7. Name and Address of Current Registered Agent	
DO NOT WRITE		Name Angu	Angulo Ana Maria	
IN THIS SPACE		Street Address (F	Street Address (P.O. Box Number is Not Acceptable)	
IN THIS SPACE		5975 Sunset Dr # 503		
		City 5 outh	Higm: F	L Zip Code / 43
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 SIGNATURE				
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS				
MANAGING MEMBER	Serve Company	TLE		
NAME A GOVERNON MINE		AME TREET ADDRESS		
STREET ADDRESS 109/15 NW 72 terrace CITY-ST-ZIP Miam: 6/33178		TY-ST-ZIP		
The state of the s		TLE AME		
STREET ADDRESS CONTROL OF THE STREET		REET ADDRESS TY-ST-ZIP		
TITLE		TLE		
NAME STREET ADDRESS		ame Treet address		
CITY-ST-ZIP		TY-\$1- <i>ti</i> P	DO NOT WRITE	
TITLE NAME		TLE VME	IN THIS SPACE	
STREET ADDRESS	S	REET ADDRESS		
CITY-ST-ZIP TITLE	(2002)	TY-ST-ZIP TLE		
NAME CASES ADDRESS		AME .		
STREET ADDRESS CITY-ST-ZIP		REET ADDRESS Ty-St-Zip		
TITLE		TLE		
NAME STREET ADDRESS STRI		me Reet address		
CITY-ST-ZIP		TY-ST-ZIP		
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.				
WILL A				
SIGNATURE: M; Ke H; ZOUCUQ 4/29/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Daylime Phone #				