
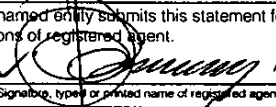
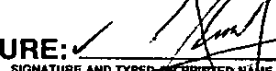


FILED
Aug 12, 2005 8:00 am
Secretary of State

20066686

DOCUMENT # L04000046605			
1. Entity Name RICOVAIR, LLC			
Principal Place of Business 1433 MONROE STREET HOLLYWOOD, FL 33020		Mailing Address 1433 MONROE STREET HOLLYWOOD, FL 33020	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent RICOVER, ANDRES 1433 MONTOE STREET HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name BENBASSAT, DIEGO Street Address (P.O. Box Number is Not Acceptable) 1433 MONROE STREET City HOLLYWOOD FL Zip Code 33020	
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  (NOTE: Registered Agent signature required when reinstating) DATE 8/3/05			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICOVER, ANDRES 1433 MONROE STREET HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICOVER, ANDRES BASAVILCASO 1396 4A 1006 BUENOS AIRES, ARGENTINA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENBASSAT, DIEGO 1433 MONROE STREET HOLLYWOOD, FL 33020 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		ANDRES RICOVER 8/3/05 ✓ 202-250-3810 Date Daytime Phone #	