## FILED Apr 20, 2005 8:00 am Secretary of State

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Zip Country S. Certificate of Status Desired S. Certificate of Status Desired S. S. Od Addition of Status Desired S. S. Certificate of Status Desired S. Status Desired Agent Name  PRATS, GABRIEL 2121 PONCE DE LEON BLVD., SUITE 240  City FL Zip Code  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, are the obligations of registered agent.  SiGNATURE  Signature. Special period name of registered agent and title 4 appicable. (NOTE: Registered Agent agriculture required when renatisting)  Make Check payable to Florida Department of State  Printing Fee is \$50.00  Make Check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  ITILE MMGR JUAN GUILLERMO ANDRADE STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134  CITY-ST-ZIP COUNTY-ST-ZIP	offed For Applicable		
2121 PONCE DE LEON BLVD., SUITE 240 CORAL GABLES, FL 33134  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  S. Certificate of Status Desired  Status De	otied For Applicable tional		
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1112005 Chg-LLC CR2E083 (10/03)  City & State  City & State  City & State  Country  Exp  Country  Country  St. Certificate of Status Desired  \$5.00 Addition Fee Required Filling Fee is \$5.0.0  Due by May 1, 2005  Make check payable to Florida Department of State  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  NOTE: Registered Agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  Signature Filling Fee is \$50.00  Due by May 1, 2005  Make check payable to Florida Department of State  Name  JUAN GUILLERMO ANDRADE STREET NORRESS CITY-ST-2P  CORAL GABLES, FL 33134  GITY-ST-2P  CORAL GABLES, FL 33134	otied For Applicable tional		
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O1112005 Chg-LLC CR2E083 (10/03)  City & State  City & State  City & State  Country  5. Certificate of Status Desired  \$5.00 Addition Fee Required Fee Required Fee Required Fee Required Fee Required CORAL GABRIEL 2121 PONCE DE LEON BLVD., SUITE 240  CORAL GABLES, FL 33134  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing lis registered office or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SiGNATURE  Filling Fee is \$50.00  Due by May 1, 2005  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  ITILE MMC  JUAN GUILLERMO ANDRADE STREET ADDRESS CITY-ST-2P  CORAL GABLES, FL 33134  CITY-ST-2P  CORAL GABLES, FL 33134	otied For Applicable tional		
City & State  Country  Country  Country  Country  Country  Country  Country  Country  Street Address of Status Desired  Street Address of New Registered Agent  Name  PRATS, GABRIEL 2121 PONCE DE LEON BLVD., SUITE 240  Coral Gables, FL 33134  City  City  FL  Zip Code  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, are the obligations of registered agent.  Signature  Filing Fee is \$50.00  Due by May 1, 2005  Make check payable to.  Floride Department of State  Make Union State  Title  MGR  JUAN GUILLERMO ANDRADE  STREET ADDRESS  CITY-ST-ZP  CORAL GABLES, FL 33134  City  FILIE  MGR  JUAN GUILLERMO ANDRADE  STREET ADDRESS  CITY-ST-ZP  CORAL GABLES, FL 33134	Applicable tional		
Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Addition Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  PRATS, GABRIEL 2121 PONCE DE LEON BLVD., SUITE 240  Coral Gables, FL 33134  City FL Zip Code  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 the obligations of registered agent.  SiGNATURE  Filling Fee is \$50.00  Due by May 1, 2005  Make check payable to Florida Department of State  9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES  FILL MGR  JUAN GUILLERMO ANDRADE  SIRET ADDRESS  CORAL GABLES, FL 33134  CITY-SI-ZP CORAL GABLES, FL 33134	Applicable tional		
6. Name and Address of Current Registered Agent  PRATS, GABRIEL 2121 PONCE DE LEON BLVD., SUITE 240 CORAL GABLES, FL 33134  City  FL  Zip Code  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, are the obligations of registered agent.  Signature. Signature. Typed or protect name of registered agent and title if applicable.  Filling Fee is \$50.00  Due by May 1, 2005  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE  MMGR  JUAN GUILLERMO ANDRADE  STREET ADDRESS  CITY-ST-ZP  CORAL GABLES, FL 33134  CITY-ST-ZP  CORAL GABLES, FL 33134			
PRATS, GABRIEL 2121 PONCE DE LEON BLVD., SUITE 240  City  FL  Zip Code  6. 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 the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and tate 4 applicable.  Filling Fee is \$50.00  Due by May 1, 2005  MANAGING MEMBERS/MANAGERS  10.  ADDITIONS/CHANGES  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  CORAL GABLES, FL 33134  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  (NOTE: Registered Agent agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of Florida agent a			
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B. 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 the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and take if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  Filling Fee is \$50.00  Due by May 1, 2005  MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  TITLE  NAME  JUAN GUILLERMO ANDRADE  STREET ADDRESS  CITY-ST-ZIP  CORAL GABLES, FL 33134  CITY-ST-ZIP  CORAL GABLES, FL 33134	Street Address (P.O. Box Number is Not Acceptable)		
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Filing Fee is \$50.00  Due by May 1, 2005  MANAGING MEMBERS / MANAGERS  TITLE  NAME  JUAN GUILLERMO ANDRADE  STREET ADDRESS  CITY-ST-ZIP  CORAL GABLES, FL 33134  (NOTE: Registered Agent signature required when renstating)  DATE  Make check payable to Florida Department of State  10. ADDITIONS/CHANGES  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CORAL GABLES, FL 33134			
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  TITLE MGR INAME JUAN GUILLERMO ANDRADE STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134  Florida Department of State			
TITLE MGR Delete TITLE Change  NAME JUAN GUILLERMO ANDRADE  STREET ADDRESS 2121 PONCE DE LEON BLVD., SUITE 240  CITY-ST-ZIP CORAL GABLES, FL 33134  TITLE NAME  STREET ADDRESS  CITY-ST-ZIP  CORAL GABLES, FL 33134			
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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 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 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 limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTER MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Date  Description of the 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 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information stated in Section 119.07(3)(iii), Florida Statutes, I further certify that the information stated in Section 119.07(iii) and information stated in Sect	ormation of the		