APPROVED AND

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9600000487 1. Entity Name MCQUAY LATIN AMERICA, L.C.						00 APR -3 PM 12: 41					
						SEC	RETARY OF S	TATE			
Principal Place of Business Mailing Address						SECRETARY OF STATE TALLAHASSEE, FLORIDA					
7205 N.W. 19TH STREET 7205 N.W. 19TH STREET								0	4/18	Į.	
SUITE 408 SUITE 408 MIAMI 33 126 MIAMI 33 33126-12						7 911.0					
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2. Principal Place of Business		3. Mailing Address	3. Mailing Address			- I TERINENI DIR DONICE DINICEDINI DENI PENIN DENIN DENIN DENIN BERNI DININ BIREN DININ BIREN DININ BIREN DININ					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stat	e	City & State	City & State			4. FEI Number Applied For					
							65-0662452			t Applicable	
Zip Country		Zip	Country		5	. Certificate	of Status Desired		\$5.00 Add Fee Required	ditional d	
	6. Name and Address of C	urrent Registered Agent		Name	7	. Name and	Address of New Ro	egistered A	gent		
SILVA, IGNACIO					eet Address (P.O. Box Number is Not Acceptable)						
7205 N.W. 19TH STREET				Street Address (F.O. Dox Number is Not Acceptable)							
SUITE 408											
MIAMI FL 33126				City	y FL Zip Code.						
8. The above	named entity submits this state	ment for the purpose of changing its	s registere	d office or	registered	agent, or bot	h, in the State of Flor	rida.			
SIGNATURE .		!									
	Signature, typed or printed name of register	ed agent and title if applicable. (NO	TE: Registered	Agent signatu	ure required whe	en reinstating)		DATE			
				EE IS \$							
		Make Check Pa	ayable to	Departi	ment of S	tate					
9		MEMBERS/MEMBERS	10.				ADDITIONS/	CHANGES		TT T A A MANAGEMENT	
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STREET ADDRESS				ET ADDRESS	7205	OHANNECK, JAMES E. 205 N.W. 19th ST., STE. 408					
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CITY-8T-ZIP			CITY-	8T-ZIP							

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OF MANAGER Date Date Dayling Phone #

11. Thereby 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.