

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

01 MAY -1 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|--|--|--|--|--|--|
| DOCUMENT # L00000016167 | | | | | |
| 1. Entity Name | | | | | |
| LBTP INVESTMENTS II, LLC | | | | | |
| Principal Place of Business | | Mailing Address | | | |
| c/o Roland Sanchez-Medina, Jr., Esq. | | 201 South Biscayne Boulevard, Suite 2200 | | | |
| Miami, Fl 33131 | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number | |
| | | | | 65-1073905 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| | | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| Roland Sanchez-Medina Jr., Esq. | | | Name | | |
| 201 South Biscayne Boulevard, Suite 2200 | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| Miami, Florida 33131 | | | 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. | | | | | |

DO NOT WRITE IN THIS SPACE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

| 9. MANAGING MEMBERS / MEMBERS | | 10. ADDITIONS / CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Manager Javier Lumbreras 1680 Michigan Avenue #915 Miami Beach, Fl 33139 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Assistant Secretary Roland Sanchez-Medina, Jr. 201 South Biscayne Blvd., #2200 Miami, Fl 33131 | 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: *Roland Sanchez-Medina* **4/30/01** **305-347-6534**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #