

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000013670

FILED
Apr 04, 2002 8:00 AM
Secretary of State

Entity Name: AGI HOLDINGS, LLC

Current Principal Place of Business:

1200 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

% AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-1136041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGI REGISTERED AGENTS, INC.
1200 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ADAMS, ROBERT R
Address: 1200 BRICKELL AVENUE, SUITE 900
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: GALLINAR, MICHAEL D
Address: 1200 BRICKELL AVENUE, SUITE 900
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: IGLESIAS, MARIO A
Address: 1200 BRICKELL AVENUE, SUITE 900
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT R. ADAMS

MGR

04/04/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date