

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90232 016 ****50.00

DOCUMENT # L01000007572
1. Entity Name
JMT INVESTMENTS, L.L.C.

966085

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2520 SW 22nd Street Suite, Apt. #, etc. Suite 2-384	3. Mailing Address 2520 SW 22nd Street Suite, Apt. #, etc. Suite 2-384
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DO NOT WRITE IN THIS SPACE

City & State Miami, Florida	City & State Miami, Florida	4. FEI Number 65-1107089	Applied For <input type="checkbox"/> Not Applicable
Zip 33145	Country USA	Zip 33145	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
CMS INTERNATIONAL ENTERPRISES, INC.

Street Address (P.O. Box Number is Not Acceptable)
2600 Douglas Road

Suite 400

City
Coral Gables

State
FL

Zip Code
33134

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.

SIGNATURE Carlos M. Samlut, President DATE 4-25-2002

Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member TATO, Jose Maria 2520 SW 22 St., Miami, FL 33145	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E083B (12/01)

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.

305-461-9518

SIGNATURE: Jose Maria Tato **Jose Maria Tato, Managing Member**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #