

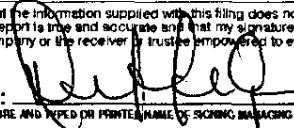


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90190 009 ****55.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000023172																																																																																																	
1. Entity Name TALLER ROLDAN, LLC																																																																																																	
Principal Place of Business 4770 BISCAYNE BLVD STE. 1040 MIAMI, FL 33137		Mailing Address 4770 BISCAYNE BLVD STE. 1040 MIAMI, FL 33137																																																																																															
2. Principal Place of Business 546 n.e 199th Lane		3. Mailing Address 546 n.e 199th Lane																																																																																															
Suite, Apt. #, etc. 4-w		Suite, Apt. #, etc. 4-w																																																																																															
City & State Miami, FL		City & State Miami, FL																																																																																															
Country USA		Country USA																																																																																															
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																																																															
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required																																																																																															
6. Name and Address of Current Registered Agent USA SOLUTIONS, LC 4770 BISCAYNE BLVD STE. 1040 MIAMI, FL 33137		7. Name and Address of New Registered Agent Name: America Visa Network Street Address (P.O. Box Number is Not Acceptable): 546 n.e 199th Lane 4-w City: Miami FL Zip: 33179																																																																																															
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 accept the obligations of registered agent. SIGNATURE: America Visa Network Devanire Gonzalez.MGRM 04/22/03 DATE																																																																																																	
 FILE NOW AVAILABLE TO YOU Make it easy. Payable to Florida Department of State DVA BSM 1/2003																																																																																																	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																																																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">MGRM</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROLDAN, ALVARO S</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>546 N.E. 199th Lane #4w</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33179</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CASTANEDA, CLAUDIA P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>546 N.E. 199th Lane #4w</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33179</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROLDAN, JUAN PABLO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>546 N.E. 199th Lane #4w</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33179</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROLDAN, JOSE MANUEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>546 N.E. 199th Lane #4w</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33179</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>OCHOA, ANDREA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>546 N.E. 199th Lane #4w</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33179</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	MGRM	<input checked="" type="checkbox"/> Delete	NAME	ROLDAN, ALVARO S		STREET ADDRESS	546 N.E. 199th Lane #4w		CITY-ST-ZIP	MIAMI, FL 33179		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	CASTANEDA, CLAUDIA P		STREET ADDRESS	546 N.E. 199th Lane #4w		CITY-ST-ZIP	MIAMI, FL 33179		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	ROLDAN, JUAN PABLO		STREET ADDRESS	546 N.E. 199th Lane #4w		CITY-ST-ZIP	MIAMI, FL 33179		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	ROLDAN, JOSE MANUEL		STREET ADDRESS	546 N.E. 199th Lane #4w		CITY-ST-ZIP	MIAMI, FL 33179		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	OCHOA, ANDREA		STREET ADDRESS	546 N.E. 199th Lane #4w		CITY-ST-ZIP	MIAMI, FL 33179		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">Taller Roldan. MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>546 n.e 199th Lane #4-w</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Miami, Florida 33179</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>	TITLE	Taller Roldan. MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	546 n.e 199th Lane #4-w		STREET ADDRESS	Miami, Florida 33179		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete																																																																																															
NAME	ROLDAN, ALVARO S																																																																																																
STREET ADDRESS	546 N.E. 199th Lane #4w																																																																																																
CITY-ST-ZIP	MIAMI, FL 33179																																																																																																
TITLE	MGRM	<input type="checkbox"/> Delete																																																																																															
NAME	CASTANEDA, CLAUDIA P																																																																																																
STREET ADDRESS	546 N.E. 199th Lane #4w																																																																																																
CITY-ST-ZIP	MIAMI, FL 33179																																																																																																
TITLE	MGRM	<input type="checkbox"/> Delete																																																																																															
NAME	ROLDAN, JUAN PABLO																																																																																																
STREET ADDRESS	546 N.E. 199th Lane #4w																																																																																																
CITY-ST-ZIP	MIAMI, FL 33179																																																																																																
TITLE	MGRM	<input type="checkbox"/> Delete																																																																																															
NAME	ROLDAN, JOSE MANUEL																																																																																																
STREET ADDRESS	546 N.E. 199th Lane #4w																																																																																																
CITY-ST-ZIP	MIAMI, FL 33179																																																																																																
TITLE	MGRM	<input type="checkbox"/> Delete																																																																																															
NAME	OCHOA, ANDREA																																																																																																
STREET ADDRESS	546 N.E. 199th Lane #4w																																																																																																
CITY-ST-ZIP	MIAMI, FL 33179																																																																																																
TITLE		<input type="checkbox"/> Delete																																																																																															
NAME																																																																																																	
STREET ADDRESS																																																																																																	
CITY-ST-ZIP																																																																																																	
TITLE	Taller Roldan. MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																															
NAME	546 n.e 199th Lane #4-w																																																																																																
STREET ADDRESS	Miami, Florida 33179																																																																																																
CITY-ST-ZIP																																																																																																	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																															
NAME																																																																																																	
STREET ADDRESS																																																																																																	
CITY-ST-ZIP																																																																																																	
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 606, Florida Statutes.																																																																																																	
SIGNATURE: 		04-22-03 (305) 657-6375																																																																																															
SIGNATURE AND INK OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Office Phone #																																																																																															

CRS033 (10/02)