

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92183 024 ****50.00

DOCUMENT # L02000018451
1. Entity Name GE Market Enterprises, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2100 Ponce de Leon Blvd. Suite, Apt. #, etc. 600 City & State Coral Gables, FL Zip 33134 Country USA	3. Mailing Address 2100 Ponce de Leon Blvd. Suite, Apt. #, etc. 600 City & State Coral Gables, FL Zip 33134 Country USA
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DO NOT WRITE IN THIS SPACE	
4. FEI Number 11-3643513	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

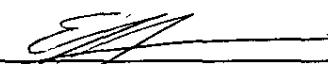
DO NOT WRITE IN THIS SPACE	
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7. Name and Address of Current Registered Agent	
Name Jorge L. Gurian	
Street Address (P.O. Box Number is Not Acceptable) 2100 Ponce de Leon Blvd.	
Suite 600	
City Coral Gables	FL Zip Code 33134

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	DATE

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

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Gomez, Edgar Galvis 2100 Ponce de Leon Blvd. Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Serna, Paola 2100 Ponce de Leon Blvd. Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:		Edgar Galvis Gomez	04/24/03 305-438-0645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

CR2E083B (12/02)