

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002019

1. Entity Name
LOS CHIBCHAS FARM, L.L.C.

Principal Place of Business
999 BRICKELL AVE., STE. 700
MIAMI FL 33131

Mailing Address
999 BRICKELL AVE., STE. 700
MIAMI FL 33131

APPROVED
AND
FILED

01 APR 24 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

3022 HWY MM

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MADISON, WI

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

53711

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERDOMO CARRILLO, JOSE ALFONSO
999 BRICKELL AVE.
MIAMI FL 33131

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

400004161854--3
-05/08/01--01058--006
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME PERDOMO CARRILLO, JOSE ALFONSO
STREET ADDRESS 999 BRICKELL AVE., STE. 700
CITY-ST-ZIP MIAMI FL 33131

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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: *Alfonso Carrillo*

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

04-16-01 (608)274-8558

Date

Daytime Phone #

CR2E083 (11/00)

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