Aug 12, 2003 8:00 am Secretary of State

08-12-2003 90009 038 \*\*\*\*50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000002318

1. Entity Name

PAR-CON	VENTURES, LLC	,						
Principal Place of Business ONE S.E. THIRD AVENUE 28TH FL MIAMI FL 33131		Mailing Address ONE S.E. THIRD AVENUE 28TH FL MIAMI FL 33131	ONE S.E. THIRD AVENUE 28TH FL					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK;HI	ERE IF MAKII	NG CHANGES	
City & State		City & State	City & State		4. FEI Number 65-1073	3466		oplied For
Zip Country		Zip	Zip Count		5. Certificate of Status Desir	ed 🗍	\$5.00 Add	ditional
	6. Name and Address of Curr	ent Registered Agent		<u> </u>	7. Name and Address of No	w Registere	<del></del> -	
ANAE	ERICAN INFORMATION SERVICE			Name		<del></del>		
ONE	ERICAN INFORMATION SERVICE ES.E. THIRD AVE, 28TH FL MI FL 33131	<b>:</b> 5, INC.		Street Address (	(P.O. Box Number is Not Accept	able)		
				City		F	Zip Code	e
the obligat	e named entity submits this statementions of registered agent.  Signature, typed or printed name of registered ag			J. ed office or register d Agent signature required	· · · · · · · · · · · · · · · · · · ·		m familiar with,	and accept
<u> </u>		FILE N Make Check Payal Due B	ble to Flo By Septer	FEE IS \$50.00 orida Departme mber 24, 2003				
9.	MANAGING MEN	MBERS/MANAGERS	10.	<u> </u>	ADDITIC	NS/CHANGE	ES Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	GÖMEZ, JUAN CARLOS ONE S.E. THIRD AVE., 28TH MIAMI FL 33131	FLOOR			ø		∐ Unange	∟j Audinon
TITLE NAME STREET ADDRESS   CITY-ST-ZIP	MGRM GOMEZ, LUIS ONE S.E. THIRD AVE., 28TH MIAMI FL 33131	□ Delete		1			☐ Change	Addition
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TITLE 4  NAME &  STREET ADDRESS  CITY-ST-ZIP		□ Delete		\$ I		-	Change	Addition

11. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is to a metagorise 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

JRE: SIGNATURE REQUIRED

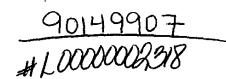
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/7/03

(305)3745600

Daytime Phone #

## attachment





One Southeast Third Avenue 28th Floor Miami, Florida 33131-1714

www.akerman.com

305 374 5600 *tel* 305 374 5095 *fax* dguerra@akerman.com

Jacksonville Miami Orlando Tallahassee Tampa West Palm Beach

Fort Lauderdale

August 7, 2003

## CERTIFIED MAIL RETURN RECEIPT REQUESTED

Florida Department of State Division of Corporations Uniform Business Report Filings P. O. Box 6478 Tallahassee, FL 32314-6478

Re:

PAR-CON VENTURES, LLC.

Document No.: L00000002318

Dear Filing Officer:

Enclosed please find the original executed 2003 Uniform Business Report, together with a check made payable to the order of the Secretary of State of Florida, in the sum of \$50.00, covering the filing fee for the above referenced company. Please file the enclosed report before September 24, 2003.

Thank you for your cooperation in this regard.

Sincerely yours,

AKERMAN SENTERFITT

Diana M. Guerra, Paralegal,

Enclosures

cc Elizabeth Bello, Esq.