
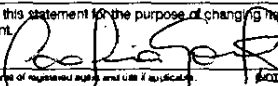



**FILED**  
**May 06, 2003 8:00 am**  
**Secretary of State**

05-06-2003 90065 045 \*\*\*\*50.00

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

DOCUMENT # L00000004004			
1. Entity Name DP GORBRO, L.C.			
Principal Place of Business 10530 NW 26ST, SUITE F-107 MIAMI, FL 33172		Mailing Address 10530 NW 26ST, SUITE F-107 MIAMI, FL 33172	
2. Principal Place of Business 2330 NW 102 Ave Suite, Apt. #, etc. #1		3. Mailing Address 2330 NW 102 Ave Suite, Apt. #, etc. #1	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA	
Zip 33172	Country DADE	Zip 33172	Country DADE
4. FEI Number 65-1135241		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GORRIN, CAROLINA 1092A NW 69ST MIAMI, FL 33178		7. Name and Address of New Registered Agent Name: GORRIN, ALEJANDRA C. Street Address (P.O. Box Number is Not Acceptable) 10574 NW 51 STREET City: MIAMI FL Zip Code: 33178	
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:  DATE: 03/19/03			
FILE NOW!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAROLINA GORRIN, ALEJANDRA 10574 NW 51ST MIAMI, FL 33178 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GORRIN, ALEJANDRA C 10574 NW 51 ST. MIAMI FL 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes. SIGNATURE:  DATE: 03/19/03 305-4638395			

CR2E003 (10/02)