2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000004594

SAN ANTONIO, TX 78232

City-St-Zip:

Entity Name: GIEO, LLC

Apr 10, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1790 CORAL WAY, SUITE 202 MIAMI, FL 33145 **Current Mailing Address: New Mailing Address:** 1790 CORAL WAY, SUITE 202 MIAMI, FL 33145 FEI Number: 65-1058890 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LINARES, JUAN MANUEL 1790 COŔAL WAY, SUITE 202 MIAMI, FL 33145 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: Electronic Signature of Registered Agent Date **MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:** MGR () Delete () Change () Addition LINARES, HERNAN Name: Name: 1790 CORAL WAY, SUITE 202 Address: Address: City-St-Zip: MIAMI, FL 33145 City-St-Zip: Title: MGR Title: () Delete () Change () Addition Name: OLIVEROS, PABLO Name: Address: 1790 CORAL WAY, SUITE 202 Address: City-St-Zip: MIAMI, FL 33145 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MORENO, JAIME Name: Name: 1790 CORAL WAY, SUITE 202 Address: Address: City-St-Zip: MIAMI, FL 33145 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: ARBOLEDA, MAURICIO Name: 1026 TRAPPER HILL DRIVE Address: Address: City-St-Zip: HOUSTON, TX 77077 City-St-Zip: Title: MGR () Delete Title: () Change () Addition PORTER, CYNDI Name: Name: 2418 TRACE OAK Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

City-St-Zip:

SIGNATURE: HERNAN LINARES MGR 04/10/2002