


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90197 036 ****50.00


DOCUMENT # L00000005051	
1. Entity Name GENTOL, L.L.C.	

Principal Place of Business 3440 HOLLYWOOD BLVD SUITE 360 HOLLYWOOD, FL 33021	Mailing Address 3440 HOLLYWOOD BLVD SUITE 360 HOLLYWOOD, FL 33021
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2. Principal Place of Business 18851 NE 29th AV SUITE, Apt. #, etc. 900	3. Mailing Address 18851 NE 29th AV SUITE, Apt. #, etc. 900
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City & State AVENTURA FLORIDA	City & State AVENTURA FLORIDA
Zip 33180	Zip 33180
Country USA	Country USA

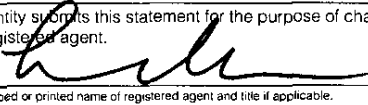
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01262004 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3644117		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 ROTH, LEONARDO A ESQ 3440 HOLLYWOOD BLVD SUITE 360 HOLLYWOOD, FL 33021		
7. Name and Address of New Registered Agent Name LEONARDO A. ROTH, ESQ Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th AVENUE STE 900 City AVENTURA FL Zip Code 33180		

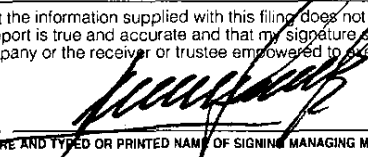
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **LEONARDO A. ROTH, ESQ** 2/11/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GERPE, JOSE MARIA TUCUMAN 540 PISO 9 OF J BUENOS AIRES ARGENTINA, <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	MGR GERPE, TOMAS MARTIN TUCUMAN 540 PISO 95 BUENOS AIRES, ARGENTINA, <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:  **JOSE M. GERPE, MGRM** 2/11/04 786-279-0880
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #