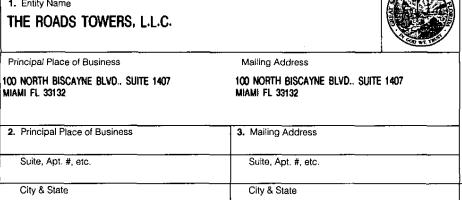
FILED May 05, 2003 8:00 am [§] Secretary of State

05-05-2003 90685 035 ****50.00

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

DOCUMENT # L0000006201



☐ CHECK HERE IF MAKING CHANGES

City & State		City & State	City & State		4. FEI Number 65-1042994	Applied For Not Applicable	
Zip	Country Zip Co		Count	try	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ADCENTRALIAN CONCEDICATION COOLD 1 I C				Name			

ARGENTINIAN CONSTRUCTION GROUP, L.L.C. 100 NORTH BISCAYNE BLVD., SUITE 1407 MIAMI FL 33132

	7. Name and Address of New Registered Agent						
Name			····				
	,		سيند إسينو عبد				
Street Add	iress (P.O. Bo	x Number is	Not Acceptable	e)			
		_			T = . = .		
City				FL	Zip Code		
					<u> </u>		

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

MANAGING MEMBERS/MANAGERS

(NOTE: Registered Agent signature required when reinstating)

ADDITIONS/CHANGES

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003

NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOLINARI, CARLOS 100 NORTH BISCAYNE BLVD., SUITE 1407	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33132 MGRM LAND DEVELOPER S.A. USA, INC. 100 NORTH BISCAYNE BLVD., SUITE 1407 MIAMI FL 33132	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET_ADDRESS CITY-ST-ZIP	·	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE 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.

Daytime Phone #