APR-08-2003 14:58

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90039 007 ****50.00

DOCUMENT # L00000011464

1. Entity Name

INSTITUTO DE ENSENANZA PARA LA PAZ INTERIOR, L.L.C.

Principal Place of Business	Mailing Address
3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD FL 33021	3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD FL 33021

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1043318 — Applied For / Not Applicable

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
ROTH, LEONARDO A 3440 HOLLYWOOD BLVD., SUITE 360 HOLLYWOOD FL 33021	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 4-11-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 ☐ Delete IANNICI, EDUARDO M LISANDRO DE LA TORRE 1323, 1638 V. LOPEZ BUENOS AIRES, ARGENTINA A	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete CASLATA, ADRIANA N LISANDRO DE LA TORRE 1323, 1638 V. LOPEZ BUENOS AIRES, ARGENTINA A	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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.

SIGNATURE: EDUARDO IANNICI OFFICER/DIRECTOR 4-11-03 954-322-4280

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)

TOTAL P.02