

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

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90026 045 ****50.00

DOCUMENT # L00000012746	
1. Entity Name GOMAR INVESTMENTS, L.L.C.	

Principal Place of Business 20416 NE 10TH COURT ROAD NORTH MIAMI BEACH, FL 33179	Mailing Address 20416 NE 10TH COURT ROAD NORTH MIAMI BEACH, FL 33179
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2. Principal Place of Business 6930 NW 84 th Ave Suite, Apt. #, etc.	3. Mailing Address 6930 NW 84 th Ave Suite, Apt. #, etc.
City & State Miami Florida	City & State Miami Florida
Zip 33166 Country USA	Zip 33166 Country USA

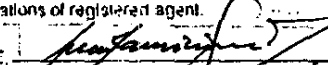


☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1048518	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GOMEZ MARTINEZ, JUAN 20416 NE 10TH COURT ROAD NORTH MIAMI BEACH, FL 33179	7. Name and Address of New Registered Agent Name GOMEZ MARTINEZ, JUAN Street Address (P.O. Box Number is Not Acceptable) 6930 NW 84 th Avenue City Miami FL Zip Code 33166
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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** 04/08/03

9. MANAGING MEMBERS/MANAGERS

TITLE MGR NAME GOMEZ MARTINEZ, JUAN STREET ADDRESS 20416 NE 10TH COURT ROAD CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179	☐ Delete
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10. ADDITIONS/CHANGES

TITLE MGR NAME GOMEZ MARTINEZ, JUAN STREET ADDRESS 6930 NW 84 th Avenue CITY-ST-ZIP Miami FL 33166	☒ Change ☐ Addition
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TITLE MGR NAME GOMEZ MARTINEZ, JUAN STREET ADDRESS 20416 NE 10TH COURT ROAD CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179	☐ Delete
TITLE MGR NAME GOMEZ MARTINEZ, JUAN STREET ADDRESS 6930 NW 84 th Avenue CITY-ST-ZIP Miami FL 33166	☒ Change ☐ Addition
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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:  **DATE** 04/08/03

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2603 (10/02)