2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 08, 2003 8:00 am
Secretary of State

04-18-2003 90079 014 ****50.00

55039027

DOCUMENT # L00000013827

1. Entity Name
CR ALLIANCE, L.L.C.

Principal Place of Business	Mailing Address
300 ARAGON AVE., STE. 330 CORAL GABLES FL 33134	300 ARAGON AVE., STE. 330 CORAL GABLES FL 33134

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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1058789 — ☐ 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
CORAZZINI, PABLO 1901 BRICKELL AVE. B-1005 MIAMI FL 33129	Name: Pablo Corazzini Street Address (P.O. Box Number is Not Acceptable): 1865 Brickell Ave. Apt. # A - 1814 City: Miami FL Zip Code: 33129

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: Pablo Corazzini, Managing Member — 4-15-03
Signature of applicant or registered agent, as the case may be. (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	MEM ☐ Delete	TITLE	~~MEM~~ MGRM ☒ Change ☐ Addition
NAME	CORAZZINI, PABLO	NAME	Pablo Corazzini
STREET ADDRESS	1901 BRICKELL AVE. B-1005	STREET ADDRESS	1865 Brickell Ave., A-1814
CITY-ST-ZIP	MIAMI FL 33129	CITY-ST-ZIP	Miami, Fl. 33129
TITLE	MEM ☐ Delete	TITLE	~~MEM~~ MGRM ☒ Change ☐ Addition
NAME	ROMAGNOLI, ROBERTO	NAME	Roberto Romagnoli
STREET ADDRESS	5025 COLLINS AVE. #1501	STREET ADDRESS	5025 Collins Ave., # 1501
CITY-ST-ZIP	MIAMI BEACH FL 33140	CITY-ST-ZIP	Miami Beach, Fl. 33140
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

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: Pablo Corazzini, Managing Member — 4-15-03 — 305-567-0602
SIGNATURE AND TYPED OR PRINTED NAME OF SINGLE MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #