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

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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

☐ CHECK HERE IF MAKING CHANGES

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

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

CORAZZINI, PABLO
1901 BRICKELL AVE. B-1005
MIAMI FL 33129

7. Name and Address of New Registered Agent

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, 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	MEM CORAZZINI, PABLO 1901 BRICKELL AVE. B-1005 MIAMI FL 33129	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MEM~~ MGRM Pablo Corazzini 1865 Brickell Ave., A-1814 Miami, Fl. 33129	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM ROMAGNOLI, ROBERTO 5025 COLLINS AVE. #1501 MIAMI BEACH FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MEM~~ MGRM Roberto Romagnoli 5025 Collins Ave., # 1501 Miami Beach, Fl. 33140	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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 SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #