2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000015380 FILED EL TROPICO LLC 02 MAY 13 PM 1:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 8391 N.W. 12TH ST. 2665 S. BAYSHORE DR., STE, 703 MIAM1 FL 33126 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1062823 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WORLD CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2665 S. BAYSHORE DR., STE. 703 **MIAMI FL 33133** City Zip Code FL 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. 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 Department of State 900005504669--3 Due By May 1, 2002 -05/13/02--01006--018 A海阜中華中等。[1] HANGES 米米米米米。[1] [1] [1] MANAGING MEMBERS/MANAGERS 9. MGR TITLE Delete Change ☐ Addition **GUTIERREZ, EDUARDO** NAME NAME STREET ADDRESS 8391 N.W. 12TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITI F TITLE 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 ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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. RECUINC Gutierrez 4/16/02 (305) 858-9900

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

CR2E083 (9/01)