02/21/2003 19:11 WILLIAM ALBORNOZ → 3055738473

FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90184 046 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001061

1. Entity Name
G C R ART, L.L.C.

Principal Place of Business	Mailing Address
901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES FL 33134	901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES FL 33134

2. Principal Place of Business	3. Mailing Address
CASAS RIEGNER GALLERY	25 NE 39 ST
Suite, Apt. #, etc.: 25 NE 39 ST.	Suite, Apt. #, etc.: MIAMI, FL. 33137
City & State: MIAMI, FLORIDA	City & State:
Zip: 33137 Country: USA	Zip: 33137 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1071151 ☐ 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
ALBORNOZ, WILLIAM H 901 PONCE DE LEON BLVD. SUITE 603 CORAL GABLES FL 33134	Name: CATALINA CASAS Street Address (P.O. Box Number is Not Acceptable): 25 NE 39 ST. City: MIAMI FL Zip Code: 33137

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

FILING FEE IS $50.00 Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASAS, CATALINA 901 PONCE DE LEON BLVD. CORAL GABLES FL 33134 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: ______________________ April 24/03 3055738242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #