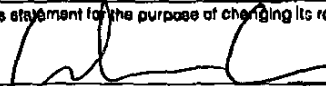
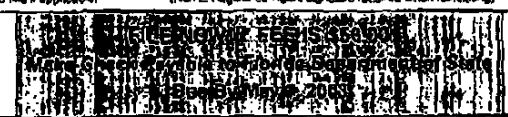


FILED
Apr 30, 2003 8:00 am
Secretary of State

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 801 PONCE DE LEON BLVD. SUITE 803 CORAL GABLES FL 33134			Mailing Address 801 PONCE DE LEON BLVD. SUITE 803 CORAL GABLES FL 33134		
2. Principal Place of Business CASAS RIEBNER GALLERY			3. Mailing Address 25 NE 39 ST		
Suite, Apt. #, etc. 25 NE 39 ST.			Suite, Apt. #, etc. MIAMI, FL. 33137		
City & State MIAMI, FLORIDA			City & State MIAMI, FL. 33137		
Zip 33137	Country USA	Zip 33137	Country USA	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 ALBORNOZ, WILLIAM H 801 PONCE DE LEON BLVD. SUITE 803 CORAL GABLES FL 33134			7. Name and Address of New Registered Agent Name CATALINA CASAS Street Address (P.O. Box Number is Not Acceptable) 25 NE 39 ST. MIAMI City 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  (NOTE: Registered Agents signature required when relinquishing) DATE _____					
					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CASAS, CATALINA 801 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 April 24/03 3055738242		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CR2E083 (10/02)