LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State
03-07-2002 90151 009 ****55.00

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DOCUMENT # L01000001908

1. Entity Name
E-VENTURES CAPITAL PARTNERS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2121 PONCE DE LEON BLVD	999 PONCE DE LEON BLVD
Suite, Apt. #, etc. SUITE 850	Suite, Apt. #, etc. SUITE 715
City & State CORAL GABLES, FLORIDA	City & State CORAL GABLES, FLORIDA
Zip 33134 Country USA	Zip 33134 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1123913 — Applied For / Not Applicable

5. Certificate of Status Desired [X] **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent
Name JOSE I. PADIAL
Street Address (P.O. Box Number is Not Acceptable)
999 PONCE DE LEON BLVD STE 715
City CORAL GABLES FL Zip Code 33134

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGER
NAME	ALEJO PERALTA
STREET ADDRESS	2121 PONCE DE LEON BLVD STE 850
CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134
TITLE	MANAGER
NAME	JOSE LUIS BUENO
STREET ADDRESS	2121 PONCE DE LEON BLVD STE 850
CITY-ST-ZIP	CORAL GABLES, FLORIDA 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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: X [signature] 2/7/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #