

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000002684

Entity Name: PALMER BROWN, LLC

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

**Current Principal Place of Business:**

P.O. BOX 65-0160  
MIAMI, FL 33265

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 65-0160  
MIAMI, FL 33265

**New Mailing Address:**

FEI Number: 65-1076170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
941 FOURTH STREET #200  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

AGUIRRE, EDUARDO  
2460 SW 137 AVE  
253  
MIAMI, FL 33175 US

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: EDUARDO AGUIRRE

04/30/2002

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: AGUIRRE, ALEJANDRO J  
Address: P.O. BOX 65-0160  
City-St-Zip: MIAMI, FL 33265

Title: MGR ( ) Delete  
Name: AGUIRRE, EDUARDO E  
Address: P.O. BOX 65-0160  
City-St-Zip: MIAMI, FL 33265

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: AGUIRRE, ALEJANDRO J  
Address: P.O. BOX 65-0160  
City-St-Zip: MIAMI, FL 33265

Title: MGRM (X) Change ( ) Addition  
Name: AGUIRRE, EDUARDO E  
Address: P.O. BOX 65-0160  
City-St-Zip: MIAMI, FL 33265

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALEJANDRO AGUIRRE

MGRM

04/30/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date