

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90393 012 ****50.00

DOCUMENT # *Lo1000003379*
1. Entity Name

Coldisec, L.L.C. ✓

956139

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>7345 SW 21 Street</i>		3. Mailing Address		DUE BY MAY 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <i>65-1081706</i>	
City & State <i>Miami, Fl.</i>		City & State		Applied For Not Applicable	
Zip <i>33155</i>	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name	<i>Roberto de Jesus Lizarralde, Diaz</i>		
Street Address (P.O. Box Number is Not Acceptable)	<i>7345 SW 21 Street</i>		
City	<i>Miami,</i>	FL	Zip Code <i>33155</i>

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 _____

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION			
DOCUMENT #	<i>LO1000003379</i>	STREET ADDRESS	
NAME	<i>Roberto de Jesus Lizarralde</i>	CITY-ST-ZIP	
STREET ADDRESS	<i>7345 SW 21 Street</i>		
CITY-ST-ZIP	<i>Miami, Fl. 33155.</i>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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IN THIS SPACE**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)