

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90031 049 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L01000003379**

1. Entity Name  
**COLDISEC, L.L.C.**

Principal Place of Business  
**7345 SW 27 STREET  
 MIAMI, FL 33155**

Mailing Address  
**7345 SW 27 STREET  
 MIAMI, FL 33155**

2. Principal Place of Business  
**4320 N.W. 107 AVE.**

3. Mailing Address  
**4320 N.W. 107 AVE**

State, Apt. #, etc.  
**# 203**

City & State  
**Miami - Florida**

Zip  
**33178**

Country  
**U.S.A.**

4. FEI Number  
**65-1071708**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JESUS LIZARRALDE DIAZ, ROBERTO DE  
 7345 SW 27 STREET  
 MIAMI, FL 33155**

7. Name and Address of New Registered Agent  
**4320 N.W. 107 AVE # 203  
 Miami - Florida 33178.**

City  
**FL** Zip Code

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: *Roberto Lizarralde Diaz* - **04-11-03.-**

DATE

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	10. ADDITIONS/CHANGES
	<b>MGRM</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>LIZARRALDE, ROBERTO</b>			
	<b>7346 SW 27 STREET</b>			
	<b>MIAMI, FL 33155</b>			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Change <input type="checkbox"/> 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 60B, Florida Statutes.

SIGNATURE: *Roberto Lizarralde Diaz* - **04-11-03. 305-4567212.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (1/01/02)