

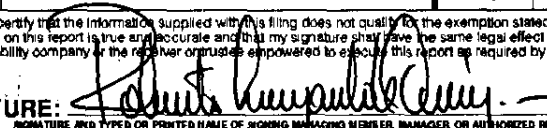


FILED
Apr 15, 2003 8:00 am
Secretary of State

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. State, Apt. #, etc. # 203 City & State Miami - Florida Zip 33178 Country U.S.A.		3. Mailing Address 4320 N.W. 107 AVE State, Apt. #, etc. # 203 City & State Miami - Florida Zip 33178 Country U.S.A.	
		<input checked="" type="checkbox"/> CHECK HERE IF MAKING CHANGES	
4. FEI Number 65-1071708		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JESUS LIZARRALDE DIAZ, ROBERTO DE 7345 SW 27 STREET MIAMI, FL 33166 4320 N.W. 107 AVE # 203 Miami - Florida 33178.		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 		DATE 04-11-03.-	
FILE NUMBER: 2003-158500 Make Check Payments to Florida Department of State 1111 GULF BLVD., SUITE 1000 TALLAHASSEE, FL 32304-3000			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIZARRALDE, ROBERTO 7346 SW 27 STREET MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 		DATE: 04-11-03. 305-4567212.	

CR2E083 (1/01/02)