

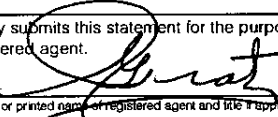
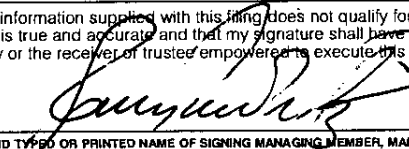


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90229 032 \*\*\*\*55.00

<b>DOCUMENT # L01000004862</b> 1. Entity Name <b>PROMOART INVESTMENTS L.C.</b>					
Principal Place of Business <b>2588 SW 27TH AVE. MIAMI, FL 33133</b>			Mailing Address <b>2588 SW 27TH AVE. MIAMI, FL 33133</b>		
2. Principal Place of Business <b>2121 PONCE DE LEON BLV</b>		3. Mailing Address <b>2121 PONCE DE LEON BLVD</b>			
Suite, Apt. #, etc. <b>SUITE 240</b>		Suite, Apt. #, etc. <b>SUITE 240</b>		02022004    Chg-LLC    CR2E083 (10/03)	
City & State <b>CORAL GABLES, FLORIDA</b>		City & State <b>CORAL GABLES, FLORIDA</b>		4. FEI Number <b>65-1135582</b>	
Zip <b>33134</b>		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GARCIA, ANTONIO 2588 SW 27TH AVE. MIAMI, FL 33133</b>				7. Name and Address of New Registered Agent Name <b>PRATS, GABRIEL</b> Street Address (P.O. Box Number is Not Acceptable) <b>2121 PONCE DE LEON BLVD. SUITE 240</b> City <b>CORAL GABLES</b> <b>FL</b> Zip Code <b>33134</b>	
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 <b>2-4-04</b>	
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ ROMERO, CARLOS 338 MINORCA AVENUE CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KORIO LAND CO. 2121 PONCE DE LEON BLVD. N. 240 CORAL GABLES, FLORIDA 33134
MGR VIVES, MAURICIO 2588 SW 27TH AVE. MIAMI, FL 33133		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
MGR ROMERO, GONZALO 2588 SW 27TH AVE. MIAMI, FL 33133		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<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 608, Florida Statutes.					
SIGNATURE: 					
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					