## LIMITED LIABILITY COMPANY / UNIFORM BUSINESS REPORT (UBR)

FILED Apr 09, 2003 8:00 am Secretary of State

04-09-2003 90044 015 \*\*\*\*50.00

## DOCUMENT # L01000004894

1. Entity Name

LUMABLA INVESTMENTS, L.C.



<u> </u>							
	DO NOT WR	ITE IN THIS	SPACE				•
2. Principal Place of Business         3. Mailing Address           2588 SW 27TH AVE         2588 SW 27TH A			H AVE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State MIAMI, FL		City & State MIAMI, FL	City & State MIAMI, FL		4. FEI Number 65-1143427		
Zip 33133	Country U.S.	Zip 33133	Country U.S.		of Status Desired	L. F	5.00 Additional see Required
				7. Name and Address of Current Registered Agent			
DO NOT WRITE IN THIS SPACE			Name - A	Name - ANTONIO GARCIA			
			355555555555555555555557757	Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE				2588 SW 27TH AVE.			Tin Code
	А		City MI	AMI		FL	Zip Code 33133
8. The above named entity submits this efatement 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 .	Signature, typed/or printed registed register	Ted agent and tile ( applicable.				4-1-03	
FEE IS \$50.00  Make Check Payable to Florida Department of State  DUE BY MAY 1							
9.	MANAGING	MEMBERS/MANAGERS					
TITLE NAME Street address City-St-Zip	MGR BONILLA, LUIS Crra. 24, No. 22A-42	, Bogota, Colombia	TITLE NAME STREET ACCRESS CITY-ST-ZIP				CRZE083B (12/02
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CTY-ST-2IP				CRZE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		To a second seco	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	D	O NOT	WRIT	TE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	II.	I THIS S	SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE  NAME  STREET ADDRESS.  CITY-ST-ZIP				
11. I hereby o	ertify that the information supp	ied with this filling does not quali	if for the exemption state	d in Section 119 07/3Y	i) Florida Statutes I	further certif	v that the information

Thereby certify that the information supplied with this tilling 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 stignatore 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:

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-01-03 Date

Daytime Phone #