FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92167 008 ***150.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005719

1. Entity Name
METROPOLITAN 2206 INVESTMENT L.L.C.

Principal Place of Business	Mailing Address
1699 CORAL WAY SUITE 510 MIAMI, FL 33145	1699 CORAL WAY SUITE 510 MIAMI, FL 33145

2. Principal Place of Business		3. Mailing Address	
2475 Brickell Ave		2475 Brickell Ave	
Suite, Apt. #, etc. 2207		Suite, Apt. #, etc. 2207	
City & State Miami, FL		City & State Miami, FL	
Zip 33129	Country USA	Zip 33129	Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1098814 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ-CID, RICARDO
1699 CORAL WAY SUITE 510
MIAMI, FL 33145

7. Name and Address of New Registered Agent

Name: Miguel Blasco
Street Address (P.O. Box Number is Not Acceptable): 2475 Brickell Ave. Suite 2207
City: Miami FL Zip Code: 33129

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 ______ 4/20/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	CARABIA, MIGUEL BLASCO	NAME	Miguel Blasco Carabia
STREET ADDRESS	1699 CORAL WAY SUITE 510	STREET ADDRESS	2475 Brickell Ave Suite
CITY-ST-ZIP	MIAMI, FL 33145	CITY-ST-ZIP	Miami, FL 33129
TITLE	MGR ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	WIKMAN, MIGUEL BLASCO	NAME	Miguel Blasco Wikman
STREET ADDRESS	1699 CORAL WAY SUITE 510	STREET ADDRESS	2475 Brickell Ave. Suite
CITY-ST-ZIP	MIAMI, FL 33145	CITY-ST-ZIP	Miami, FL 33129
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

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: ______ 4/20/03 (305) 8609929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #