
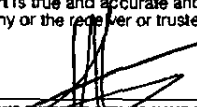


FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 90997 049 \*\*\*\*\*50.00

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

|   |                           |   |   |   |         |
|---|---------------------------|---|---|---|---------|
| <b>DOCUMENT # L01000006837</b>  |                           |   |   |  |         |
| 1. Entity Name<br><b>EL ROBLE, L.L.C.</b>   |                           |   |   |   |         |
| Principal Place of Business<br>10101 EAST BAY HARBOR DR.<br>SUITE 205<br>MIAMI, FL 33154  |                           |   | Mailing Address<br>10101 EAST BAY HARBOR DR.<br>SUITE 205<br>MIAMI, FL 33154  |   |         |
| 2. Principal Place of Business  |                           |   | 3. Mailing Address  |   |         |
| Suite, Apt. #, etc.   |                           |   | Suite, Apt. #, etc.   |   |         |
| City & State  |                           |   | City & State  |   |         |
| Zip   |                           | Country   | Zip   |   | Country |
| 4. FEI Number<br><b>52-2313458</b>  |                           |   |   | Applied For<br><input type="checkbox"/> Not Applicable                            |         |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                           |   |   | <b>\$5.00</b> Additional Fee Required   |         |
| 6. Name and Address of Current Registered Agent<br><b>FERNANDO FOYE, HERNAN<br/>10101 EAST BAY HARBOR DRIVE<br/>SUITE 205<br/>MIAMI, FL 33154</b>   |                           |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____ (NOTE: Registered Agent's signature required when reinstating)  |                           |   |   |   |         |
| DATE _____  |                           |   |   |   |         |
| FILE NOW!!! FEE IS \$50.00<br>Make Check Payable to Florida Department of State<br>Due By May 1, 2003   |                           |   |   |   |         |
| 9. MANAGING MEMBERS / MANAGERS  |                           |   |   |   |         |
| TITLE   | MGRM                      | <input type="checkbox"/> Delete                                   |   |   |         |
| NAME  | FOYE, RICARDO ENRIQUE     |   |   |   |         |
| STREET ADDRESS  | 10101 EAST BAY HARBOR DR. |   |   |   |         |
| CITY-ST-ZIP   | MIAMI, FL 33154           |   |   |   |         |
| TITLE   | MGRM                      | <input type="checkbox"/> Delete                                   |   |   |         |
| NAME  | FERNANDO FOYE, HERNAN     |   |   |   |         |
| STREET ADDRESS  | 10101 EAST BAY HARBOR DR. |   |   |   |         |
| CITY-ST-ZIP   | MIAMI, FL 33154           |   |   |   |         |
| TITLE   |                           | <input type="checkbox"/> Delete                                   |   |   |         |
| NAME  |                           |   |   |   |         |
| STREET ADDRESS  |                           |   |   |   |         |
| CITY-ST-ZIP   |                           |   |   |   |         |
| TITLE   |                           | <input type="checkbox"/> Delete                                   |   |   |         |
| NAME  |                           |   |   |   |         |
| STREET ADDRESS  |                           |   |   |   |         |
| CITY-ST-ZIP   |                           |   |   |   |         |
| TITLE   |                           | <input type="checkbox"/> Delete                                   |   |   |         |
| NAME  |                           |   |   |   |         |
| STREET ADDRESS  |                           |   |   |   |         |
| CITY-ST-ZIP   |                           |   |   |   |         |
| 10. ADDITIONS/CHANGES   |                           |   |   |   |         |
| TITLE   |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |         |
| NAME  |                           |   |   |   |         |
| STREET ADDRESS  |                           |   |   |   |         |
| CITY-ST-ZIP   |                           |   |   |   |         |
| TITLE   |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |         |
| NAME  |                           |   |   |   |         |
| STREET ADDRESS  |                           |   |   |   |         |
| CITY-ST-ZIP   |                           |   |   |   |         |
| TITLE   |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |         |
| NAME  |                           |   |   |   |         |
| STREET ADDRESS  |                           |   |   |   |         |
| CITY-ST-ZIP   |                           |   |   |   |         |
| TITLE   |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |         |
| NAME  |                           |   |   |   |         |
| STREET ADDRESS  |                           |   |   |   |         |
| CITY-ST-ZIP   |                           |   |   |   |         |
| 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:  H. FOYE MGRM 04/21/03  |                           |   |   |   |         |
| SIGNATURE AND OFFICE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #   |                           |   |   |   |         |

CR2E083 (10/02)