LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Apr 09, 2003 8:00 am Secretary of State 04-09-2003 90044 031 ****50 00 DOCUMENT # L01000009787 1. Entity Name TRESANAS L.C. 30052120 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 2588 SW 27TH AVE 2588 SW 27TH AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State MIAMI, FL City & State MIAMI, FL Applied For 4. FEI Number 65-1143186 Not Applicable Zip 33133 Country Zip 33133 Country \$5.00 Additional 5. Certificate of Status Desired U.S. U.S. Fee Required 7. Name and Address of Current Registered Agent Name ANTONIO GARCIA **DO NOT WRITE** Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 2588 SW 27TH AVE. City MIAMI 8. The above named entity submits bits 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 4-1-03 SIGNATURE FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS ME MGR NAME NAME RAMIREZ, JESUS ANTONIO STREET ADDRESS STREET ADDRESS Calle 75A #56-51 Int-8, Apto 502 Bogota, Col CITY-ST-ZE CITY+SI+ZIP TITLE MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TILE NAME NAME STREET ADDRESS STREET ADDRESS **DO NOT WRITE** CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE MLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-718 TITI F MRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-20P 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.

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-01-03

Onte

Daytime Phone #

FILED