LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State
05-01-2002 91462 026 ****50.00

DOCUMENT # L01000014402

1. Entity Name
GRAND OCEAN INVESTMENTS L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
338 Minorca Avenue	338 Minorca Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Gables, FL	City & State: Coral Gables, FL
Zip: 33134 Country: US	Zip: 33134 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1143200 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: International Registered Agent corporation
Street Address (P.O. Box Number is Not Acceptable): 338 Minorca Avenue
City: Coral Gables FL Zip Code: 33134

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.

SIGNATURE: [signature] Maria Elena Cabeza, President DATE: April 17, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Alvarez, Carlos Alberto 338 Minorca Avenue Coral Gables FL 33134
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr, P/S/T Alvarez, Carlos Alberto Cra. 9 #131-40 Apto. 603 Bosque Medina, Bogota, Colombia
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083B (12/01)

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 manager or managing member of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Carlos A. Alvarez 4/17/02 (305) 444-7282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Telephone #