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Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90999 033 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015609

1. Entity Name
OXYRIS SERVICE COMPANY, L.L.C.

Principal Place of Business	Mailing Address
133 SEVILLA AVENUE CORAL GABLES, FL 33134-6006	133 SEVILLA AVENUE CORAL GABLES, FL 33134-6006

XX CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2701 S. Bayshore Drive	2701 S. Bayshore Drive
Suite, Apt. #, etc. Suite 402	Suite, Apt. #, etc. Suite 402
City & State Coconut Grove, FL	City & State Coconut Grove, FL
Zip 33133 Country	Zip 33133 Country

4. FEI Number 65-1139456 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RYAN, JOSEPH B III
133 SEVILLA AVENUE
CORAL GABLES, FL 33134-6006

7. Name and Address of New Registered Agent

Name: Joseph B. Ryan III
Street Address (P.O. Box Number is Not Acceptable): 2701 S. Bayshore Dr., Suite 402
City: Coconut Grove FL Zip Code 33133

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 [signature] 04/24/03
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
MGRM	RAMIREZ, EFRAIN	DIAGONAL 127 A# 22-81	BOGATA, COLOMBIA,	☐ Delete
MGRM	NOVOA, OLGA	CARRERA 44-133A-70, INTERIOR 5, APTO.701	BOGATA, COLOMBIA,	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

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: [signature] Joseph B. Ryan, Attorney 04/24/03 (305) 444-4949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #