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Secretary of State
05-06-2003 90060 039 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021040

1. Entity Name
ALVAREZ, TAYLOR, ELJAIEK & RODRIGUEZ, P.L.

Principal Place of Business	Mailing Address
815 PONCE DE LEON BLVD., THIRD FLOOR CORAL GABLES, FL 33134	815 PONCE DE LEON BLVD., THIRD FLOOR CORAL GABLES, FL 33134

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2601 South Bayshore Drive	2601 South Bayshore Drive
Suite, Apt. #, etc.: Suite 600	Suite, Apt. #, etc.: Suite 600
City & State: Coconut Grove, FL	City & State: Coconut Grove, FL
Zip: 33133 Country: U.S.	Zip: 33133 Country: U.S.

4. FEI Number: 59-1004604 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~ELJAIEK, SANTIAGO III ESQ~~
~~815 PONCE DE LEON BLVD., THIRD FLOOR~~
~~CORAL GABLES, FL 33134~~

7. Name and Address of New Registered Agent

Name: ATER Registered Agents, LLC
Street Address (P.O. Box Number is Not Acceptable): 2601 South Bayshore Drive
Suite 600
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: MANAGER SANTIAGO ELJAIEK III, ESQ. 4/28/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ALVAREZ, BENJAMIN R ~~815 PONCE DE LEON BLVD., THIRD FLOOR~~ ~~CORAL GABLES, FL 33134~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2601 South Bayshore Drive, #600 Coconut Grove, FL 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TAYLOR, STEPHEN A ~~815 PONCE DE LEON BLVD., THIRD FLOOR~~ ~~CORAL GABLES, FL 33134~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2601 South Bayshore Drive, #600 Coconut Grove, FL 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RODRIGUEZ, RONIEL IV ~~815 PONCE DE LEON BLVD., THIRD FLOOR~~ ~~CORAL GABLES, FL 33134~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2601 South Bayshore Drive, #600 Coconut Grove, FL 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ELJAIEK, SANTIAGO III ~~815 PONCE DE LEON BLVD., THIRD FLOOR~~ ~~CORAL GABLES, FL 33134~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2601 South Bayshore Drive, #600 Coconut Grove, FL 33133
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: MANAGER 4/28/03 305-444-3885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #