

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

FILED
Jul 01, 2002 8:00 am
Secretary of State

07-01-2002 90355 009 ****50.00

DOCUMENT # L01000021068

1. Entity Name

LOP-MAC HOLDINGS LLC

(P)

969642

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4918 S.W. 74th Court
Suite, Apt. #, etc.

3. Mailing Address
4918 S.W. 74th Court
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number Applied For
 Not Applicable

Zip 33155 Country Miami-Dade

Zip 33155 Country USA

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 SKRLD, INC.
Street Address (P.O. Box Number is Not Acceptable)
201 Alhambra Circle, Suite 1102
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: *Oscar R. Rivera* OSCAR R RIVERA VICE PRESIDENT 6/26/02
Signature typed or printed name of registered agent and title if applicable. DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member MARIANO MACIAS 4918 S.W. 74th Court Miami, Florida 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member ENRIQUE J. LOPEZ 4918 S.W. 74th Court Miami, Florida 33155	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 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]* 6/21/02 (305) 663-2129 EX. 106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #