LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

L01000022243

DOCUMENT #

CARLOS L. ABRAIRA, L.L.C.

1. Entity Name

FILED Apr 30, 2002 8:00 am Secretary of State

04-30-2002 90007 016 ****50.00

945935 DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business 100 WEST ZOTH 7100 WEST DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 412 Applied For City & State Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zip Code City FL 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. DATE Signature, typed or printed name of registered agent and title if applicable FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. CR2E083B (12/01 TITLE TITLE NAME NASAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP IN THIS SPACE TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

11. I hereby certify that the information supplied with this filing does not quality 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:

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04-18.02 305-Date 826-2513