FILED Jul 28, 2003 8:00 am Secretary of State 07-28-2003 90065 027 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCU 1. Entity Nam GC									i						
DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address								90147023							
199 OCE	AN LAN	E DRIVE	10220 MEMORIAL DR.										• •		
Suite, Apt. 313	. W. etc.		Suite, Apt. W, etc.					DON	OT WRIT	E IN THIS	SPAC	Ε			
City & State KEY BISCAYNE, FL			City & State HOUSTON, TX			4. FEI Number				-	Applied For				
Zip	CALINE,	Country	Zip	ntry	5. Certificate of Status De			Desired			00 A	Vol Applicat dditional	же-1		
33149	· 	USA 77024			JSA T			Address of				Requir nt	red		
		O NOT WI	<u>.</u>	Name ~							<u></u>				
		Street Address			(P.O. Box Number is Not Acceptable)							7			
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·		* .*			€ _R v	BISCA	VNE -	_ · · <u> </u>		FL	2	339	de o	7	
			the purpose of changing its	register				oth, in the St	ate of Flor	ida. I am					
the obligat	 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 Signalure, types or printed remis of requisited agent and life if applicable. DATE															
Make Check Payable					\$50:00 orida De MAY 1	partment	of State				•		-		
9.	I MANIAC	MANAGING MEMBER	S/MANAGERS	1											
TITLE NAME	1	ERMO RANGEL		, title Name										12/0	
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NAME.		A RANGEL EAN LANE DRIV		E 1000000	tee								12		
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11. 1 hereby o	ertify that the	e information supplied with the	nis filing does not qualify for		nption state	ed in Sectin	n 119.07(3)	(i), Florida St	atutes. I fi	urther cer	lify that	t the ir	nformation	-	
indicated limited lial	on this repor bility compar	t is thus and acculate and the	at my signature shall have the movered to execute this r	na same aport as	legal effect required b	ot as il mad by Chapter	e under oall 608, Florida	i; that I am a Statules.	managin	ng membe	rorm	anage	er of the		
11. Thereby 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 thus and acculate and that my signature shall have the same legal effect as if made under path; that I am a managing member or manager of the limited liability company of the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.															
SIGNAT	URE: A	THEO ON POTO DANE OF S	nghing manaqing member, man	AGER, OR	AUTHORIZED	REPRESENTA	πVE	× 0-+	ולכח	no .	aytime Pt	ngne #			