

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92170 039 ****55.00

DOCUMENT # L02000005156

1. Entity Name

Rio Barcelona Holdings, LLC

DO NOT WRITE IN THIS SPACE

30068911

2. Principal Place of Business
512 Seven Isles Drive

Suite, Apt. #, etc.
(N.E. 23rd Avenue)

City & State
Ft. Lauderdale, FL

Zip
33301

Country
USA

3. Mailing Address
512 Seven Isles Drive

Suite, Apt. #, etc.
(N.E. 23rd Avenue)

City & State
Ft. Lauderdale, FL

Zip
33301

Country
USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Tom Gonzales c/o Jupiter Law Center

Street Address (P.O. Box Number is Not Acceptable)

6390 Indiantown Road

City

Jupiter

FL

Zip Code

33458

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and fee if applicable.

April 30, 2003

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

Tom Gonzales, MGRM
512 Seven Isles Dr (N.E. 23rd Ave.)
Ft. Lauderdale, FL 33301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

April 30, 2003

Date

702-810-0400

Daytime Phone #

CR2E0838 (12/01)