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Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90015 035 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30040817

DOCUMENT # L02000005949

1. Entity Name
CAPE FLORIDA INVESTMENTS (USA), LC

Principal Place of Business
5701 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014

Mailing Address
5701 MIAMI LAKES DRIVE
MIAMI LAKES, FL 33014

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		c/o ComSet AG	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Dubihuus	
City & State		City & State CH-3780 Gstaad	
Zip	Country	Zip	Country Switzerland

4. FEI Number 04-3617643 — [X] Applied For / [ ] Not Applicable

5. Certificate of Status Desired [ ] — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEHRMAN, JEFFREY E ESQ.
220 ALHAMBRA CIR. SUITE 810
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 3199 Ponce de Leon Boulevard
Suite 304
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ 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	MGR	[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME	LENSI, ALBERTO		NAME		
STREET ADDRESS	5701 MIAMI LAKES DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP		
TITLE	MGR	[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME	ECKES-CHANTRE', HEIDRUN		NAME		
STREET ADDRESS	5701 MIAMI LAKES DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI LAKES, FL 33014		CITY-ST-ZIP		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
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TITLE		[ ] Delete	TITLE		[ ] Change [ ] Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Alberto Lensi 25 FEB 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #