

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90577 012 ****55.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

30066689

DOCUMENT # L02000006614 1. Entity Name 9420 W BAY HARBOR DRIVE II, LLC																																																																																																																							
Principal Place of Business 9420 W BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154			Mailing Address 2742 Biscayne Blvd Miami, FL 33137																																																																																																																				
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																																					
City & State		City & State		4. FEI Number 01-0644272																																																																																																																			
Zip		Country		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required																																																																																																																			
6. Name and Address of Current Registered Agent GRISALES-RACINI, OSCAR 999 BRICKELL AVE. SUITE 700 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																			
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 _____ (NOTE: Registered Agent signature required when submitting) DATE _____																																																																																																																							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003																																																																																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>GUILLERMO CRISTIAN MANSILLA</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>9781 E. BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ADOLFO MULLER</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>9781 E. BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ALEJANDRO ADRIAN ZALSKI</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>9781 E. BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>ERNESTO LUIS BRODSCHI</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>9781 E. BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>EDUARDO R. BRUKMAN</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>9781 E. BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154</td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>☐ Delete</td> <td>TITLE</td> <td>NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> <td></td> <td>CITY-STATE-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	GUILLERMO CRISTIAN MANSILLA		STREET ADDRESS			CITY-STATE-ZIP	9781 E. BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154		CITY-STATE-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	ADOLFO MULLER		STREET ADDRESS			CITY-STATE-ZIP	9781 E. BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154		CITY-STATE-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	ALEJANDRO ADRIAN ZALSKI		STREET ADDRESS			CITY-STATE-ZIP	9781 E. BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154		CITY-STATE-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	ERNESTO LUIS BRODSCHI		STREET ADDRESS			CITY-STATE-ZIP	9781 E. BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154		CITY-STATE-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	EDUARDO R. BRUKMAN		STREET ADDRESS			CITY-STATE-ZIP	9781 E. BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154		CITY-STATE-ZIP			TITLE	NAME	☐ Delete	TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS			STREET ADDRESS			CITY-STATE-ZIP			CITY-STATE-ZIP		
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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 606, Florida Statutes.																																																																																																																							
SIGNATURE: <u><i>Adolfo Muller</i></u> 4/10/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																																																																																																							

CH2E083 (10/02)