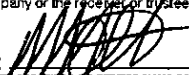


FILED
Jul 02, 2003 8:00 am
Secretary of State

07-02-2003 90002 001 ****50.00
07-02-2003 90002 002 *****5.00

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

DOCUMENT # L02000006967			
1. Entity Name HEILSBERG S.A., L.L.C.			
Principal Place of Business 3100 N.W. 72ND AVENUE, SUITE 113 MIAMI, FL 33122		Mailing Address 3100 N.W. 72ND AVENUE, SUITE 113 MIAMI, FL 33122	
2. Principal Place of Business 3100 NW 72ND AVENUE Suite, Apt. #, etc. 113 City & State MIAMI, FLORIDA Zip 33122 Country U.S.A.		3. Mailing Address 3100 NW 72ND AVENUE Suite, Apt. #, etc. 113 City & State MIAMI, FLORIDA Zip 33122 Country U.S.A.	
		4. FFI Number 59-1712820 Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. 1600 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name ATRIUM REGISTERED AGENTS, INC Street Address (P.O. Box Not Acceptable) 1500 SAN REMO AVENUE SUITE 125 City CORAL GABLES FL Zip Code 33146	
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 date if applicable (NOTE: Registered Agent's signature required when retaining) 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 NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
MGR HINZNER, FRITZ NAVARRA 3720, LAS CONDES, SANTIAGO CHILE, ☐ Delete		☐ Change ☐ Addition	
MGR ALTER, MICHAEL A NAVARRA 3720, LAS CONDES, SANTIAGO CHILE, ☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
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:  MICHAEL ALTER		JUNE-08-2003 56-2 228 5440	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

44005223

☐ CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)