2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91004 032 ****55.00

DOCUMENT # L02000007389

1. Entity Name
PAMPA CONCENTRATES, LLC

Principal Place of Business
2929 SW 3RD AVE.
SUITE 520
MIAMI, FL 33129

Mailing Address
2929 SW 3RD AVE.
SUITE 520
MIAMI, FL 33129

2. Principal Place of Business: 2929 S.W. 3rd AVE
Suite, Apt. #, etc.: 514
City & State: MIAMI - FLORIDA
Zip: 33129 Country: USA

3. Mailing Address: 2929 S.W. 3rd AVE
Suite, Apt. #, etc.: 514
City & State: MIAMI - FLORIDA
Zip: 33129 Country: USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number: 82-0538196 [ ] Applied For [ ] Not Applicable

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

6. Name and Address of Current Registered Agent
PARKER, CLAYTON E
C/O KIRKPATRICK & LOCKHART LLP
201 SOUTH BISCAYNE BLVD.20TH FLOOR
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name: JULIA P. KOLSKY
Street Address (P.O. Box Number is Not Acceptable): 145 ORQUIDEA AVENUE
City: CORAL GABLES FL Zip Code: 33145

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: Julia P. Kolsky - Op Manager 4-23-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILING 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	OP MANAGER	TITLE	OP. MANAGER
NAME	JULIA P. KOLSKY	NAME	JULIA P. KOLSKY
STREET ADDRESS	145 ORQUIDEA AVE	STREET ADDRESS	145 ORQUIDEA AVE
CITY-ST-ZIP	CORAL GABLES - FL - 33143	CITY-ST-ZIP	CORAL GABLES - FL - 33143
	[ ] Delete		[ ] Change [X] Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 4-23-03 (305) 648-3141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CRPFR83 (10/02)