FILED
May 15, 2003 8:00 am
4 **Secretary of State**

04-23-2003 90307 048 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000008050

1. Entity Name
300 GULF ROAD, LLC

44001679

Principal Place of Business	Mailing Address
785 CRANDON BLVD., #1201 KEY BISCAYNE, FL 33149-2535	785 CRANDON BLVD., #1201 KEY BISCAYNE, FL 33149-2535

2. Principal Place of Business	3. Mailing Address
	4410 N.W. 74 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Miami, Florida
Zip / Country	Zip: 33166 Country: US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 01-0673847 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AGI REGISTERED AGENTS, INC. 1200 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131	Name: Alvaro Castillo B., P.A. Street Address (P.O. Box Number is Not Acceptable): 1390 Brickell Avenue Suite 200 City: Miami FL Zip Code: 33131

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] 5-9-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: FRANCISCO JAVIER ESTEVES STREET ADDRESS: 795 CRANDON BLVD., #1201 CITY-ST-ZIP: KEY BISCAYNE, FL 331492535	☐ Delete	TITLE: MGR NAME: Francisco Javier Estevez STREET ADDRESS: 795 Crandon Blvd., #1201 CITY-ST-ZIP: Key Biscayne, FL 33149-2535	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] Manager 4/21/03 (305) 718-4466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Francisco Javier Estevez