


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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90252 008 ****55.00

DOCUMENT # L02000008745

1. Entity Name
Ferrell Schultz Carter Zumpano & Fertel -
Argentina, L.L.C.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 201 S. Biscayne Blvd.		3. Mailing Address 201 S. Biscayne Blvd.	
Suite, Apt. #, etc. 34th Floor		Suite, Apt. #, etc. 34th Floor	
City & State Miami, FL		City & State Miami, FL	
Zip 33131	Country	Zip 33131	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 02-0591257			Applied For <input type="checkbox"/>
	5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$5.00 Additional Fee Required
	7. Name and Address of Current Registered Agent			
	Name Ferrell Group Corporate Services, L.L.C.			
Street Address (P.O. Box Number is Not Acceptable)				
201 S. Biscayne Blvd., 34th Floor				
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]* ASST. SEC. DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member: Ferrell Schultz Carter Zumpano & Fertel, P.A., 201 S. Biscayne Blvd., 34th Floor, Miami, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-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 608, Florida Statutes.

SIGNATURE: *Mayra C. De Cristofione* Date: 4-15-03 Daytime Phone #: 305-371-8588

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/02)