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SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 14 PM 3:50

HL 7/23

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000010855

1. Entity Name
BAUMANN TEXAS REAL ESTATE, L.L.C.

44004946

Principal Place of Business
9455 N.W. 40TH STREET ROAD
MIAMI, FL 33178

Mailing Address
C/O IVAN A. GOMEZ
601 BRICKELL KEY DRIVE SUITE 507
MIAMI, FL 33131

[redacted]

2. Principal Place of Business | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 36-2305076 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

RUFFNER, CHARLES L. P.A.
601 BRICKELL KEY DRIVE, SUITE 507
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 _____ Signature, date of official name of registered agent and its President (NOTE: Registered agent cannot sign for himself) Date

[redacted]

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☒ Addition

MGR
Hans Baumann
9455 NW 40th Street Road
Miami, Florida 33178

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP — ☐ Change ☐ Addition

CFCORP.DBS (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 that I am a person duly authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 6/20/2003 (305) 591 0008

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN REPORT — Date — Daytime Phone