2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

May 04, 2004 8:00 am Secretary of State **DOCUMENT # L02000011698** 05-04-2004 90016 002 ***200.00 1. Entity Name CORTAZAR LLC Principal Place of Business Mailing Address 2665 S. BAYSHORE DRIVE, SUITE 703 2665 S. BAYSHORE DRIVE, SUITE 703 24064649 MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business 3. Mailing Address 340 S. Hibiscus Drive 340 S.\ Hibiscus Drive Suite, Apt. #, etc. Suite, Apt. #, etc. 04272004 CR2E083 (10/03) Chg-LLC City & State 4. FEI Number Applied For City & State **SAPPLIED/ROOK** 56-2373998 Florida Miami Beach, Florida Miami Beach, Not Applicable Country USA \$5.00 Additional Zip 33139 5. Certificate of Status Desired ÚSA 33149 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Edit Meurrens WORLD CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 340 S. HIDISCUS Drive 2665 S. BAYSHORE DRIVE, SUITE 703 MIAMI, FL 33133 FL 3999 City Miami Beach mits 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 Edit Meurrens DATE (NOTE: Registered Agent signature required when reinstating) rinted name of registered agent and title if applicable. Make check payable to []. Killing Fee is \$50.00 Due by May 1, 2004 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MCR ★ Change ☐ Addition TITLE MGR ☐ Delete Cortazar, Esteban 340 S. Hibiscus Drive CORTAZAR, ESTEBAN NAME NAME 2665 S. BAYSHORE DRIVE, SUITE 703 STREET ADDRESS STREET ADDRESS Miami Beach, Florida 33139 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33133 X☐ Change ☐ Delete TITLE ☐ Addition TITLE Meurrens, Edit 340 S. Hibiscus Drive MEURRENS, EDIT NAME NAME STREET ADDRESS 2665 S. BAYSHORE DRIVE, SUITE 703 STREET ADDRESS CITY-ST-ZIP Miami Beach, Florida 33139 MIAMI, FL 33133 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

IE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #

Date