


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90579 036 \*\*\*\*50.00

0015885

<b>DOCUMENT # L02000013365</b>	
1. Entity Name <b>JELYOS HOLDINGS, LLC</b>	

Principal Place of Business <b>550 BILTMORE WAY, SUITE 1210 CORAL GABLES FL 33134</b>	Mailing Address <b>550 BILTMORE WAY, SUITE 1210 CORAL GABLES FL 33134</b>
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☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business <b>550 Biltmore Way</b> Suite, Apt. #, etc. <b>Suite 740</b> City & State <b>Coral Gables, FL</b> Zip <b>33134</b> Country <b>USA</b>	3. Mailing Address <b>550 Biltmore Way</b> Suite, Apt. #, etc. <b>Suite 740</b> City & State <b>Coral Gables, FL</b> Zip <b>33134</b> Country <b>USA</b>
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4. FEI Number <b>74-304-6793</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MARTIN, PEDRO A 1221 BRICKELL AVENUE, SUITE 2100 MIAMI FL 33131</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$50.00</b>	
<b>Make Check Payable to Florida Department of State</b>	
<b>Due By May 1, 2003</b>	

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>MGR ROGER, MARIA C 550 BILTMORE WAY, SUITE 1210 MIAMI FL 33134</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>550 Biltmore Way, Suite 740 Coral Gables, Florida 33134</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>MARIA C. BOGER</b>	SIGNATURE REQUIRED	Date <b>4-29-03</b>	Daytime Phone # <b>305-448-4091</b>
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CR2E083 (10/02)