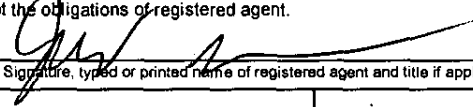
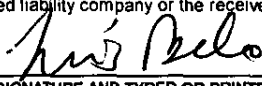


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

03 JUN 25 AM 11:03
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # L02000014126					
1. Entity Name BELVEN GROUP, LLC					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 2100 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL Zip 33134		3. Mailing Address 2100 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL Zip 33134		DO NOT WRITE IN THIS SPACE	
		4. FEI Number APPLIED FOR		Applied For Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name JORGE GURIAN	
				Street Address (P.O. Box Number is Not Acceptable) 2100 PONCE DE LEON BLVD	
				SUITE 600	
				City CORAL GABLES FL Zip Code 33134	
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 				DATE 4/29/03	
Signature, typed or printed name of registered agent and title if applicable.					
		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	MGRM BELO, LUIS 2100 PONCE DE LEON BLVD. #600 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY - ST - ZIP	400017894904 05/02/03--01052--011 **50.00	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: 		LUIS BELO		04/29/03 305-279-4101	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

CR2E083B (12/02)