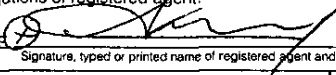
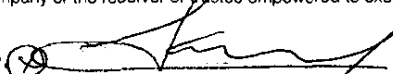


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90067 006 ***150.00

DOCUMENT # L02000015199					
1. Entity Name PARDO INTERNATIONAL INVESTMENTS, LLC					
Principal Place of Business 3401 NORTH COUNTRY CLUB DR. 816 AVENTURA, FL 33180			Mailing Address 3401 NORTH COUNTRY CLUB DR. 816 AVENTURA, FL 33180		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. 817		Suite, Apt. #, etc. 817			
City & State		City & State		4. FEI Number 01-0722715	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRISALES-RACINI, OSCAR 12550 BISCAYNE BLVD. SUITE 405 NORTH MIAMI, FL 33181			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  DATE 3-8-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PARDO, NORBERTO H 3401 NORTH COUNTRY CLUB DRIVE, #816 AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3401 N COUNTRY CLUB DR. #817 AVENTURA, FL 33180	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change 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 			3/8/04 305-9328396		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

24051430



03082004 Chg-LLC CR2E083 (10/03)

Applied For
Not Applicable

FL Zip Code

3-8-04

Make check payable to
Florida Department of State

ADDITIONS/CHANGES

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition