

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90999 030 ****50.00

DOCUMENT # L02000015483 1. Entity Name EL PASO, LLC
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 241 SEVILLA AVENUE Suite, Apt. #, etc. SUITE 302 City & State CORAL GABLES, FL	3. Mailing Address P.O. BOX 0141873 Suite, Apt. #, etc. CORAL GABLES, FL
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1163439	Applied For <input type="checkbox"/> Not Applicable
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 SANCHEZ GALARRAGA, ESO.	
Street Address (P.O. Box Number is Not Acceptable) 1313 PONCE DE LEON BLVD., STE 301	
City CORAL GABLES	FL Zip Code 33134

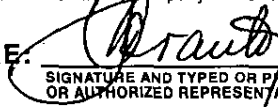
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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	MGR JOSE A. ABRANTE, SR P.O. BOX 0141873 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JOSE A. ABRANTE, JR. P.O. BOX 0141873 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALBERTO R. ABRANTE 9360 S.W. 66th STREET MIAMI, FL 33173	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LORENZO SERVITJE-MONTULL FRESNO #70, APT 1-B, COLONIA PALO ALTO MEXICO DISTRITO FEDERAL, MX	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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:  Jose A. Abrante 04/23/03 305-445-2650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)