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Secretary of State
03-27-2003 90010 024 ****50.00

55035879

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000015849

1. Entity Name
MONSERRAT PARTNERS, L.L.C.

Principal Place of Business	Mailing Address
2875 N.E. 191ST STREET TURNBERRY PLAZA, SUITE 801 AVENTURA FL 33180	2875 N.E. 191ST STREET TURNBERRY PLAZA, SUITE 801 AVENTURA FL 33180

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
17850 W. DIXIE HWY	17850 W. DIXIE HWY
Suite, Apt. #, etc. 2B	Suite, Apt. #, etc. 2B
City & State NO. MIAMI BEACH	City & State NO. MIAMI BEACH
Zip 33160 Country USA	Zip 33160 Country USA

4. FEI Number 51-0419980 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~GERBER, DANIEL J ESQ.~~
~~2875 N.E. 191ST STREET~~
~~TURNBERRY PLAZA, SUITE 801~~
~~AVENTURA FL 33180~~

7. Name and Address of New Registered Agent

Name ALEJANDRO GUELMAN
Street Address (P.O. Box Number is Not Acceptable) 17850 W. DIXIE HWY
2B
City NO. MIAMI BEACH FL Zip Code 33160

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 [signature] 4/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER Alejandro Guelman 17850 W. Dixie Hwy #2B North Miami Beach, FL 33160	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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E063 (10/02)

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: SIGNATURE REQUIRED [signature] 3-22-03 786 262 9966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #