# LIMITED LIABILITY COMPANY
# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000019202

1. Entity Name

DEL ORO HOLDINGS, L.C.

FILED
03 MAY 27 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 180 POST ROAD EAST<br>Suite, Apt. #, etc. | 180 POST ROAD EAST<br>Suite, Apt. #, etc. |
| City & State: WESTPORT CT | City & State: WESTPORT CT |
| Zip: 06880 Country: US | Zip: 06880 Country: US |

4. FEI Number: 16-166-8192 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

City: TALLAHASSEE FL Zip Code: 32301

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 | MANAGER |
| NAME | DAVID B. McKANE |
| STREET ADDRESS | 180 POST ROAD EAST |
| CITY-ST-ZIP | WESTPORT, CT 06880 |
| TITLE | MANAGER |
| NAME | PETER G. ROBBINS |
| STREET ADDRESS | 180 POST ROAD EAST |
| CITY-ST-ZIP | WESTPORT, CT 06880 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | 300019873359 |
| STREET ADDRESS | |
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| TITLE | |
| NAME | **DO NOT WRITE** |
| STREET ADDRESS | **IN THIS SPACE** |
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CR2E083B (12/02)

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:** _____ Jose F. Valdivia, III 5/23/03 305-459-6646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CORPORATION SERVICE COMPANY™

L02000019202

ACCOUNT NO. : 072100000032

REFERENCE : 106735 7332827

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 55.00

FILED
03 MAY 27 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 27, 2003

ORDER TIME : 10:28 AM

ORDER NO. : 106735-005

CUSTOMER NO: 7332827

CUSTOMER: Mark A. Kerr
Hogan & Hartson L.l.p.
Suite 1900
1111 Brickell Avenue
Miami, FL 33131

ANNUAL REPORT FILING

NAME: DEL ORO HOLDINGS, L.C.

RECEIVED
03 MAY 27 AM 11:33
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: _____