Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90186 033 ****50.00

LIMITED LIADILITY COMPAN	T	
UNIFORM BUSINESS REPORT (U	JB	R]
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DOCUMENT # L02000020485 GREAT ISLAND HOLDINGS L.C. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 2588 SW 27TH AVE 2588 SW 27TH AVE. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State MIAMI, FL City & State MIAMI, FL Not Applicable Zip 33133-Country Zip 33133 ----Country \$5.00 Additional 5. Certificate of Status Desired U.S. 7. Name and Address of Current Registered Agent ANTONIO GARCIA DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 2588 SW 27TH AVE. City MIAMI 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 4/15/2003 ne 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 CR2E083B (12/02) TITLE TITLE MGR NAME VIVES, MAURICIO STREET ADDRESS STREET ADDRESS 2588 SW 27TH AVE., MIAMI, FL 33133 CITY-ST-ZIP CITY+ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME MALLE STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZP TITLE MALE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filting 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.

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED OR PRINTE

4/15/2003

Daytime Phone #