FILED
Jun 13, 2003 8:00 am
Secretary of State
04-28-2003 90082 015 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # L02000023198

1. Entity Name

GI-DEL, LLC

44004391

Principal Place of Business	Mailing Address
~~251 CRANDON BOULEVARD, UNIT 439~~ ~~KEY BISCAYNE, FL 33149~~ P.O. Box 143607 Miami, Fl. 33114-3601	~~251 CRANDON BOULEVARD, UNIT 439~~ ~~KEY BISCAYNE, FL 33149~~ P.O. Box 143607 Miami, Fl. 33114-3601

[redacted]

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~RAPOPORT, ALLEN J.~~ ~~3975 SW 24TH STREET~~ ~~MIAMI FL 33145~~ 626 Coral Way 1504B Coral Gables, Fl 33134	Name: ~~ROLANDO SANCHEZ-MEDINA~~ Street Address (P.O. Box Number is Not Acceptable): ~~P.O. BOX 143607~~ 626 Coral Way Apt 1504B - Coral Gables, Fl 33134 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: Gisela Sanchez Medina DATE: 05/31/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGRM SANCHEZ-MEDINA, GISELA ~~251 CRANDON BOULEVARD, UNIT 439~~ ~~KEY BISCAYNE FL 33149~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.O. Box 143607 Miami, Fl. 33114-3601	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	626 CORAL WAY #1504 B CORAL GABLES FLA 33134	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	626 Coral Way #1504B Coral gables FLA 331	☐ 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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CR2E083 (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: Gisela Sanchez Medina 04/24/03 305-649-2133
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #