FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90761 018 ****55.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000030025

1. Entity Name
B HOLDINGS, LLC

30058677

Principal Place of Business	Mailing Address
1320 SOUTH DIXIE HIGHWAY STE. 280 CORAL GABLES, FL 33146	1320 SOUTH DIXIE HIGHWAY STE. 280 CORAL GABLES, FL 33146

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2600 SW 3rd. Avenue		2600 SW 3rd. Avenue	
Suite, Apt. #, etc.: 730		Suite, Apt. #, etc.: 730	
City & State: Miami, FL.		City & State: Miami, FL.	
Zip: 33129	Country: USA	Zip: 33129	Country: USA

4. FEI Number: 30-0127730 ☐ 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
DE VARONA, RAUL J SANCHEZ 1320 SOUTH DIXIE HIGHWAY STE. 280 CORAL GABLES, FL 33146	Name: Guzman, Mario. Street Address (P.O. Box Number is Not Acceptable): Two Datran Center. 9130 S. Dadeland Blvd. Suite 1504. City: Miami FL Zip Code: 33156.

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] MARIO GUZMAN 3/28/03

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	MGR	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	BARBAGALLO, MIGUEL ANGEL		NAME		
STREET ADDRESS	1320 SOUTH DIXIE HIGHWAY STE. 280		STREET ADDRESS	2600 SW 3rd. Avenue # 730	
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP	Miami, FL. 33129.	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] 04/17/03 (305) 859-9787

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