

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90055 018 ****50.00

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DOCUMENT # L02000032144

1. Entity Name

DHM HOLDINGS LLC



Principal Place of Business

2100 SALZEDO STREET, SUITE 300
CORAL GABLES FL 33134

Mailing Address

2100 SALZEDO STREET, SUITE 300
CORAL GABLES FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1171149

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

ARAZOZA & FERNANDEZ-FRAGA, P.A.
2100 SALZEDO STREET, SUITE 300
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name *Louis M. Hillman - Waller*
Street Address (P.O. Box Number is Not Acceptable) *10 NW LeSeune Rd.*
AGDD
City *MIAMI* FL Zip Code *33126*

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]

8-13-03

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE *MANAGING MEMBER* Delete
NAME *INTERNATIONAL CONSULTING LLC*
STREET ADDRESS *2100 SALZEDO STREET # 300*
CITY-ST-ZIP *CORAL GABLES, FL 33134*

10. ADDITIONS / CHANGES

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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CITY-ST-ZIP

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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *INTERNATIONAL CONSULTING LLC by [Signature]* 8-13-03 305 4468949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)