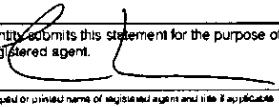
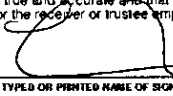


FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 91002 047 \*\*\*\*50.00

2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

30062904

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                            |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L02000034541</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |           |                                                                   |
| 1. Entity Name<br>2121 ACQUISITION, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                            |                                                                   |
| Principal Place of Business<br>601 BRICKELL KEY DRIVE STE. 705<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | Mailing Address<br>601 BRICKELL KEY DRIVE STE. 705<br>MIAMI, FL 33131                      |                                                                   |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | 3. Mailing Address                                                                         |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | Suite, Apt. #, etc.                                                                        |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | City & State                                                                               |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                         | Zip                                                                                        | Country                                                           |
| 4. FEI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |                                                                   |
| 5. Certificate of Status Desired                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | <input type="checkbox"/> \$5.00 Additional Fee Required                                    |                                                                   |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | 7. Name and Address of New Registered Agent                                                |                                                                   |
| DE LA PENA, LEONCIO E<br>601 BRICKELL KEY DRIVE STE. 705<br>MIAMI, FL 33131                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code          |                                                                   |
| 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<br>                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | DATE<br>4/17/03                                                                            |                                                                   |
| NOTE: Registered Agent's signature required when resigning.                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                            |                                                                   |
| FILE NOW! FEE IS \$50.00<br>Make Check Payable to Florida Department of State<br>P.O. Box 12000 Tallahassee, FL 32304                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                            |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | 10. ADDITIONS/CHANGES                                                                      |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| Manager<br>Leoncio E. de la Peña<br>601 Brickell Key Drive, Ste. 705<br>Miami, FL 33131                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                            |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                            |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                            |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                            |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                            |                                                                   |
| 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 909, Florida Statutes. |                                 |                                                                                            |                                                                   |
| SIGNATURE:<br>                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | DATE<br>4-17-03                                                                            |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | Date                                                                                       |                                                                   |

CR2E083 (10/02)

305-377-0709