

FROM : May 17 2004 2:20PM FAX NO. : 3052714136

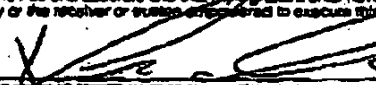
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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

2004 NOV 10 PM 1:43
3/22/2004-90420-038-\$50.00-\$50.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000024020			
1. Entity Name ADVANCED MINERALS, LLC			
Principal Place of Business 6400 SW 107TH AVE DADE COUNTY FL 33156		Mailing Address 6400 SW 107TH AVE DADE COUNTY FL 33156	
<i>Change of address</i>			
2. Principal Place of Business 2911 Grand Ave Suite 4-A Miami, FL 33133		3. Mailing Address 2911 Grand Ave Suite 4-A Miami, FL 33133	
4. FEI Number 20-0458575		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent KESITZ, MARC CAMNER, LIPSITZ & POLLER, P.A. 650 BILTMORE WAY, STE 700 CORAL GABLES FL 33434	
7. Name and Address of New Registered Agent REID CHRISTENSEN 7700 N Kendall Dr. #405 Miami, FL 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 of current registered agent of the entity		DATE 5/20/04	
FILE NOW!!! \$50.00			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MR. Jorgun Soler 2911 Grand Ave St 4-A Miami FL 33133		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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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 606, Florida Statutes.			
SIGNATURE:  Signature and printed name of existing managing member, manager, or authorized signatory		DATE 4.28.04 786-552-0100	