2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2004
Secretary of State

DOCUMENT# L03000028196

Entity Name: BIVIUM I HOLDINGS LLC

Current Principal Place of Business:

5835 BLUE LAGOON DRIVE, SUITE 200
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5835 BLUE LAGOON DRIVE, SUITE 200
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-0125691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUARTE-VIERA, ANIBAL J
5835 BLUE LAGOON DRIVE, SUITE 200
MIAMI, FL 33126

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	DUARTE-VIERA, ANIBAL J	
Address:	5835 BLUE LAGOON DRIVE, SUITE 200	
City-St-Zip:	MIAMI, FL 33126	
Title:	MGR	( ) Delete
Name:	FERNANDEZ, HECTOR JULIO	
Address:	5835 BLUE LAGOON DRIVE, SUITE 200	
City-St-Zip:	MIAMI, FL 33126	
Title:	MGR	( ) Delete
Name:	PARDO, ANTONIO P	
Address:	5835 BLUE LAGOON DRIVE, SUITE 200	
City-St-Zip:	MIAMI, FL 33126	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANTONIO P. PARDO MGR 03/09/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date