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05 JUN 24 AM 7:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| DOCUMENT # L04000055427 | |  | |
| 1. Entity Name ALL CONVENTIONS, LLC | | | |
| Principal Place of Business 200 SOUTH BISCAYNE BLVD. SUITE 400 C/O ROY J. BARQUET MIAMI, FL 33131 | | Mailing Address 200 SOUTH BISCAYNE BLVD. SUITE 400 C/O ROY J. BARQUET 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 |
| 6. Name and Address of Current Registered Agent PENINSULA REGISTERED AGENTS, INC. 200 SOUTH BISCAYNE BLV. SUITE 4000 MIAMI, FL 33131 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | |
| Filing Fee is \$50.00. Due by September 7, 2005 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Gustavo Ricardo Ortiz 200 S. Biscayne Blvd., Suite 400 Miami, FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 500057314485 07/12/05--01008--003 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Laura Luz Martinez 200 S. Biscayne Blvd., Suite 400 Miami, FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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(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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | Date: 6/17/05 305 577 4775 <small>Daytime Phone #</small> | |