2005 LIMITED LIABILITY COMPANY

FILED May 13, 2005 8:00 am Secretary of State

DOCUMENT # L04000083550 1. Entity Name CAROL INVESTMENTS, L.L.C. Principal Place of Business 15834 W. STATE ROAD 84 SUNRISE, FL 33326 US 2. Principal Place of Business Suife, Apl. #, etc. Suife, Apl. #, etc. Suife, Apl. #, etc. City & State City & State of Florida. I am familiar with, and accept when requested when releasoning) 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 when releasoning) 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 when releasoning) 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 when releasoning) City FL Zip Code 8. The Address of New Registered Agent when releasoning) City FL Zip Code 8. The Address of New Registered Agent when releasoni
1. Entity Name CAROL INVESTMENTS, L.L.C. Principal Place of Business 15834 W. STATE ROAD 84 SUNRISE, FL 33326 US 2. Principal Place of Business Suite, Apt. #, etc. City & State Street Address of New Registered Agent Name PAEZ, CRISTOBAL 15834 W. STATE ROAD 84 SUNRISE, FL 33326 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. Filling Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State Pilling Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State Pilling MGRM MANAGING MEMBERS/MANAGERS III.E MGRM BOTELLO, AURA MANAGING MEMBERS/MANAGERS III.E MGRM BOTELLO, AURA Make Check payable to Change Addition Change
Principal Place of Business 15834 W. STATE ROAD 84 SUNRISE, FL 33326 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State of Pointa. I am familiar with, and accept when recreating) City & State of Pointa. I am familiar with, and accept when recreating of registered agent. Filling Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State Plining Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS III. MGRM MANAGING MEMBERS/MANAGERS III. MGRM BOTELLO, AURA
15834 W. STATE ROAD 84 SUNRISE, FL 33326 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country State Country State Country State Country That Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAEZ, CRISTOBAL 15834 W. STATE ROAD 84 SUNRISE, FL 33326 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City Lity City FL Zip Code City State City FL Zip Code City State City FL Zip Code Registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State Size In La MGRM MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MMRR MGRM BOTELLO, AURA ADDITIONS/CHANGES
15834 W. STATE ROAD 84 SUNRISE, FL 33326 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country State Country State Country State Country That Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAEZ, CRISTOBAL 15834 W. STATE ROAD 84 SUNRISE, FL 33326 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City Lity City FL Zip Code City State City FL Zip Code City State City FL Zip Code Registered agent, or both, in the State of Florida. It am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State Size In La MGRM MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MMRR MGRM BOTELLO, AURA ADDITIONS/CHANGES
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. O4272005 Chg-LLC CR2E083 (10/03) City & State City & State Country Sip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAEZ, CRISTOBAL 15834 W. STATE ROAD 84 SUNRISE, FL 33326 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. Filling Fee is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES ITILE MGRM BOTELLO, AURA O4272005 Chg-LLC CR2E083 (10/03) Applied For Not Applicable Status Desired Status Des
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O4272005 Chg-LLC CR2E083 (10/03) City & State City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additional Fee Required For Not Applicable Name Name Name Name City Street Address of New Registered Agent City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Fliling Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES City and Addition Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Change Addition
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. O4272005 Chg-LLC CR2E083 (10/03) City & State City & State City & State City & State Country Zip Country Zip Country S. Certificate of Status Desired \$5.00 Additional Fee Required For Not Applicable Name Name Name Name City Street Address of New Registered Agent City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Fliling Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES City and Addition Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Change Addition
City & State A, FEI Number Country S, Certificate of Status Desired Status Desired Fee Required Fee Required Fee Required T, Name and Address of New Registered Agent Name PAEZ, CRISTOBAL 15834 W, STATE ROAD 84 SUNRISE, FL 33326 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 Filling Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State PAIDITIONS/CHANGES INC. ADDITIONS/CHANGES Change Addition
Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAEZ, CRISTOBAL 15834 W. STATE ROAD 84 SUNRISE, FL 33326 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 Filling Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES IIILE MGRM BOTELLO, AURA Delete TILE NAME NAME Country Status Desired \$5.00 Additional Fee Required Agent Status Desired \$5.00 Additional Fee Required Agent Status Desired A
S. Certificate of Status Desired Fee Required See Required Fee Required Street Address of New Registered Agent Name PAEZ, CRISTOBAL 15834 W. STATE ROAD 84 SUNRISE, FL 33326 City FL Zip Code S. 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) PILING Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MGRM Delete TITLE Change Addition NAME NAME Delete D
PAEZ, CRISTOBAL 15834 W. STATE ROAD 84 SUNRISE, FL 33326 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 FILING Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES IIILE MGRM BOTELLO, AURA NAME NAME
PAEZ, CRISTOBAL 15834 W. STATE ROAD 84 SUNRISE, FL 33326 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 Filling Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES IIILE MGRM BOTELLO, AURA Addition Addition
SUNRISE, FL 33326 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filling Fee is \$50.00 Due by May 1, 2005 Make check payable to Fiorida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES IIILE MGRM Delete IIILE MGRM BOTELLO, AURA Delete NAME
Filling Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM Delete BOTELLO, AURA MGRM Delete NAME MGRM NAME
Make check payable to Florida Department of State Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM
Due by May 1, 2005 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE NAME MGRM Delete TITLE NAME Change Addition Addition
TITLE MGRM Delete TITLE Change Addition NAME BOTELLO, AURA NAME NAME
NAME BOTELLO, AURA NAME
CITY-ST-ZIP SUNRISE, FL 33326 CITY-ST-ZIP
TITLE MGRM Delete TITLE Change Addition NAME PAEZ, CRISTOBAL NAME
STREET ADDRESS 15834 W. STATE ROAD 84 STREET ADDRESS
CITY-ST-ZIP SUNRISE, FL 33326 CITY-ST-ZIP
TITLE MGR Delete TITLE Change Addition NAME PAEZ, SONIA
STREET ADDRESS 15834 W. STATE ROAD 84 STREET ADDRESS
CITY-ST-ZIP SUNRISE, FL 33326 CITY-ST-ZIP
ITTLE MGR Delete TITLE Change Addition
NAME PAEZ, LIDA NAME STREET ADDRESS 15834 W. STATE ROAD 84 STREET ADDRESS
NAME P.A.E.Z., LIDA NAME STREET ADDRESS 15834 W. STATE ROAD 84 STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33326 CITY-ST-ZIP
NAME P.A.E.Z., LIDA NAME STREET ADDRESS 15834 W. STATE ROAD 84 STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33326 CITY-ST-ZIP TITLE MGR Delete TITLE
NAME P.A.E.Z., LIDA NAME STREET ADDRESS 15834 W. STATE ROAD 84 STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33326 CITY-ST-ZIP
NAME PAEZ, LIDA NAME STREET ADDRESS 15834 W. STATE ROAD 84 STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33326 CITY-ST-ZIP TITLE MGR Delete TITLE NAME PAEZ, OSCAR NAME
NAME
NAME
NAME

SIGNATURE:
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNIN

Date

Daytime Phone #