


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90581 038 \*\*\*\*50.00

DOCUMENT # <b>L 99000002056</b>	
1. Entity Name <b>ROLITER INVESTMENTS, L.L.C.</b>	

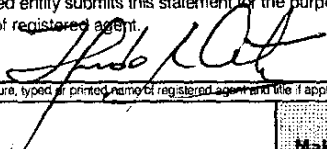
**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>1351 NE Miami Gardens Dr</b>		3. Mailing Address <b>1351 NE Miami Gardens Dr</b>	
Suite, Apt. #, etc. <b>APTO. 1204</b>		Suite, Apt. #, etc. <b>APTO. 1204</b>	
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>	
Zip <b>33179</b>	Country <b>USA</b>	Zip <b>33179</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	4. FEI Number <b>650951404</b>		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		
	7. Name and Address of Current Registered Agent		
	Name <b>HERNANDO ORTIZ</b>		
Street Address (P.O. Box Number is Not Acceptable) <b>1351 NE Miami Gardens</b>			
Apt. # <b>APTO. 1204</b>			
City <b>Miami</b> FL Zip Code <b>33179</b>			

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR ORTIZ, MERCEDES AVENIDA COLOM No. 2431, P.O. Box 603 SAN ANDRÉS ISLAS, COLOMBIA</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**April 23/03 (305) 940 5184**

CR2E083B (12/02)