

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -1 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000003876
1. Entity Name
 SPL MEXICO I, LLC

Principal Place of Business 1819 PEACHTREE ROAD, SUITE 610 ATLANTA GA 30309	Mailing Address 1819 PEACHTREE ROAD, SUITE 610 ATLANTA GA 30309-1850
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2. Principal Place of Business 3348 Peachtree Rd. Suite, Apt. #, etc. Suite 675	3. Mailing Address 3348 Peachtree Rd. Suite, Apt. #, etc. Suite 675
City & State Atlanta, Ga.	City & State Atlantna, Ga.
Zip 30326	Country

4. FEI Number 58-2477574	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TAGUE, BRIAN P.A.
 C/O TEW*CARDENAS, ET AL
 201 S. BISCAYNE BOULEVARD, 26TH FLOOR
 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

400003258294--8
 -05/18/00--01131--007
 *****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME GUTIERREZ, ALLAN STREET ADDRESS 1819 PEACHTREE ROAD, SUITE 610 CITY-ST-ZIP ATLANTA GA 30309	<input type="checkbox"/> Delete	TITLE MGR NAME Gutierrez, Allan STREET ADDRESS 3348 Peachtree Rd. #675 CITY-ST-ZIP Atlanta, Ga. 30326	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE Mgr NAME Songy, David B. STREET ADDRESS 3348 Peachtree Rd. #675 CITY-ST-ZIP Atlanta, Ga. 30326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED** David B. Songy **Date** 4/17/00 **Daytime Phone #** (404)995-8170

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CR2E083 (9/99)