2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005338

1. Entity Name
SPECIAL MARKETING, L.L.C.

FILED
2003 APR 23 PM 3:36
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
709 NW 90TH TERRACE SUITE 709 PLANTATION, FL 33324	709 NW 90TH TERRACE SUITE 709 PLANTATION, FL 33324

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
12420 NW 15th St		12420 NW 15th St	
Suite, Apt. #, etc.: 201		Suite, Apt. #, etc.: 201	
City & State: SUNRISE, Florida		City & State: Sunrise, Florida	
Zip: 33323	Country:	Zip: 33323	Country:

4. FEI Number: 65-0944416 — Applied For / Not Applicable

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
BERNAL, JORGE 709 NW 90TH TERRACE SUITE 709 PLANTATION, FL 33324	Name: BERNAL, JORGE. Street Address (P.O. Box Number is Not Acceptable): 12420 NW 15th St #201 City: SUNRISE FL Zip Code: 33323

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] April 18 /03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

800016814146
04/23/03--01073--004 **50.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BERNAL, JORGE 709 NW 90TH TERRACE PLANTATION, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BERNAL, JORGE 12420 NW 15th St #201 SUNRISE, FL 33323	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LILIANA OSSA, MARIA 709 NW 90TH TERRACE PLANTATION, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM OSSA, MARIA LILIANA 12420 NW 15th St #201 SUNRISE, FL 33323	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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] April 18/03 (954) 8387646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)