DOCUMENT # L99000005340  FILED  ON HAR 30 AH ID: 31  SENECA G&H, LLC.  Principal Place of Business  Malling Address 200 SW & STREET, SUITE 204  MAMA FL 20135  AMMIN FL 20135  DO HAR 30 AH ID: 31  SECRETARY SECRETARIES  DO HAR 30 AH ID: 31  SECRETARIES  SECRETARIES  DO HAR 30 AH ID: 31  SECRETARIES  SECRETARIES  DO HAR 30 AH ID: 31  SECRETARIES  DO HAR 30 AH ID: 31  SECRETARIES  DO HAR 30 AH ID: 31  SECRETARIES  SECRETARIES  DO	2001 UNIFORM BUSINESS REPORT (UBR)													ξ
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20 SW 6 STREET SUTE 204  MANUEL PLANS  2. Principal Place of Business  2. Maining Address    2. Principal Place of Business  3. Maining Address    5. Suite, Apt. #. etc.    City & State    Name    N	SENECA	G&H, L.L	C.				:		- uso 3	NH 10: 3	Ţ:			
Suite, Apt #, etc.   Suite, Apt #, etc.   Do NOT WRITE IN THIS SPACE	Principal Place of Business Mailing Address								01 May 2	ay apsta	TE			
City & State  Country  Country  Country  Country  Country  S. Cartificate of Status Desired  For Requisiteried Agent  7. Name and Address of New Registeried Agent  Name  MARTIN, PEDRO A  1221 BRICKELL AVENUE, SUITE 2100  MAMAIF L. 33131  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  Signature, speed or printed rearred in apparent agent and tall apparents.  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  MARTIN AGRIM  THE CAYON FAMILY LIMITED PARTINERSHIP NO 1  SIFET ADDRESS  OTY-57-29  MAMAIF L. 33135  MARTIN AGRIM  AGRIM  THE CAYON FAMILY LIMITED PARTINERSHIP NO 1  SIFET ADDRESS  OTY-57-29  MAMAIF L. 33135  MARTIN AGRIM  AGRIM  THE CAYON FAMILY LIMITED PARTINERSHIP NO 1  SIFET ADDRESS  OTY-57-29  MAMAIF L. 33135  MARTIN AGRIM  AGRIM  AGRIM  THE CAYON FAMILY LIMITED PARTINERSHIP NO 1  SIFET ADDRESS  OTY-57-29  MAMAIF L. 33135  MARTIN AGRIM  AGRIM  AGRIM  AGRIM  THE CAYON FAMILY LIMITED PARTINERSHIP NO 1  SIFET ADDRESS  OTY-57-29  MAMAIF L. 33135  MARTIN AGRIM			204						SECHLIA	SSEE FLOR	(fe) w.			
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City & State  Country  Country  E. Name and Address of Current Registeried Agent  Name  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zio Code  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Department of State  MANAGING MEMBERS / NIE/MBERS  SIRET ADDRESS  322 W. 12TH AVENUE  SIRET ADDRESS  SIRET ADDRESS  SIRET ADDRESS  ON'-51-79  MAMILES  SIRET ADDRESS  ON'-51-79  MAMILES  CON'-51-79  CON'-51-79  CON'-51-79  CON'-51-79  MAMILES  CON'-51-79  CON'	2. Principal F	Place of Busin	988	3. Mailing Address					( TODAKON BIO ROMA DOMA DOMA DOMA DOMA BOMA DOMA DAMA RAMA DAMA DAMA DOMA NOMA DOMA DOMA DOMA DOMA DOMA DOMA DOMA D					
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- 6. Name and Address of Current Registered Agent  - 7. Name and Address of New Registered Agent  Name  Name  Name  Name  - 7. Name and Address of New Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  - 7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  - 7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  - 7. Name and Address of New Registered Agent  - 7. Name and Address of New Registered  - 7. Name and Address of New Register	City & Stat	te		C	City & State				00 0000000					
MARTIN, PEDRO A  1221 BRICKELL AVENUE, SUITE 2100  MIAMI FL 33131  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  S	Zip	Country			Zip Co		ountry		5. Certificate of	Status Desired				1
MARTIN, PEDRO A 1221 BRICKELL AVENUE, SUITE 2100 MIAMI FL 33131  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida.  SIGNATURE  FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State  9. MANAGING MEMBERS/MEMBERS  10. ADDITIONS/CHANGES  10. ADDITIONS/CHAN	6. Name and Address of Current Registered Agent						Name		7. Name and A	ddress of New F	Registered	Agent		
1221 BRICKELL AVENUE, SUITE 2100 MIAMI FL 33131  City	MARTIN.	PEDRO A	•					ddroon (D)	O Boy Number	in Nigt Aggantohil	~\			$\downarrow$
6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE    Signature   Symature   Symatu	·						Street Ad	obress (r.)	U. BOX NUMBER	s Not Acceptable	e) 			1
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   Spread or printed name of registered agent and title if expiricable.   (NOTE Registered Agent Upontare reduction)   DATE	MIAMI FL 33131													
SIGNATURE    Sumature, hyperd or printed name of registered agent and title if applicables.   (HOTE Registered Agent signature required when relevatory)   DATE							City				F	Zip Cod	e .	
######################################	8. The above	named entity	submits this statement for	r the pu	rpose of changing its	registere	ed office or	registered	d agent, or both,	in the State of Flo	orida.			
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11. I hereby certify that the information subplied 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 acquirate 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 received of trustee empowered to execute this report as required by Chanter 608. Florida Statutes.	CITY-ST-ZIP	{ \	1			CITY-	ST-ZIP							
	11. I hereby of indicated limited lied	certify that the	information supplied with	this filir	ng does not qualify for signature shall have the	the exer	nption state	ed in Secti	ion 119.07(3)(i), de under oath; th	Florida Statutes. nat I am a manag	I further ce	ertify that the in er or manage	formation r of the	

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE