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## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (URR)

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DACAR MANAGAMENT LLC					} [	00 100 -			
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Principal Plan	ce of Business	Mailing Address	VI I	II CC	-	SEGRETARY	Planta Carrier		
336 EAST DANIA BEACH BLVD DANIA FL 33004		336 EAST DANIA BEACH BLVD DANIA FL 33004				SEURETARY TREEAHASSE	E. PEGRIDA	ř	
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Num	ber 65-0955028	J——J	pplied For lot Applicable	a
Zip .	Country	Zip	Cour	ntry	5. Certifica	te of Status Desired	S5.00 Ad		1
	6. Name and Address of Curre	nt Registered Agent		<u></u>	7. Name ar	nd Address of New Reg	<u></u>		7
DEV	(ES, RICÁRDO A	يح مسيدي دا دريي الا	- J. 4	Name	-	بنيه د ير دوريد بريد مي پيستيد		7	7
725	1: 15, NIOANDO A 11 W. PALMETTO PARK RD., STE 12 RATON FL 33433	205	Street Address		(P.O. Box Num	ber is Not Acceptable)			_
			•	<u></u>					
				City			FL Zip Coo	ie	
	named entity submits this statement	for the purpose of changing it	ls registere	ed office or registe	red agent, or b	oth, in the State of Florid	a. I am familiar with,	and accept	7
_	tions of registered agent.								
SKGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NO	TE: Registere	d Agent signature require	d when reinstating)		DATE	<del></del> -	_}
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TITLE	MGR MANAGING MEM	BERS/MANAGERS	10.	<del></del>	<del></del>	ADDITIONS/CH	ANGES Change	Addition	18 18
NAME	GARCIA-VELEZ, CARLOS	_ ocide	NAMI			•		,	ĮŠ
STREET ADDRESS	336 EAST DANIA BEACH BLV	D		ET ADORESS					8
TITLE	DANIA FL 33004 MGRM		TITLE	-ST-ZIP			Chance	- Addition	CR2E083 (10/02)
NAME	REGINA INC	· Delete	NAMI				☐ Change	☐ Addition	2
STREET ADORESS	336 EAST DANIA BEACH BLV	D		ET ADDRESS					
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name Street address				ET ADDRESS					
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NAME Street Address	,		NAME	T ADDRESS					
CITY-ST-ZIP	·			ST-ZIP		<u> </u>			]
indicated	certify that the information supplied w on this report is the and accurate an bility company of the receiver or trust	d that my signature shall have	the same	legal effect as if m	tade under pati	n; that I am a managing	ther certify that the in member or manage	nformation r of the	
SIGNAT		TURE REQU				3-27-03			
	SIGNATURE AND TYPED OR PRINTED NAME	OF SIGNING MANAGING MEMBER, MA	NAGER, OR A	AUTHORIZED REPRESE	NTATIVE	Oate	Daytima Phone #		ı