LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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

DOCUMENT # M00000001131

1. Entity Name

LIBRA USA LLC

FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91159 037 ****50.00

Daytime Phone #

Date

			/			
	O NOT WRIT	E IN THIS	SPAC	Œ		30068264
2. Principal Pla /)		SI 1225 Suite, Apt. #, e	3. Mailing Address 125 WORTH LOOF WEST Suite, Apt. #, etc. 935			DO NOT WRITE IN THIS SPACE
City & State HOUSTON, TX			City & State HOUSTON, Ty			4. FEI Number Applied For 52-2202667 Not Applicable
Zin.	OON Country USA	Zip 7700	8 Cou	ntry グS. 人		5. Certificate of Status Desired S \$5.00 Additional Fee Required
	DO NOT IN THIS S	WRITE		120	ress (F	7. Name and Address of Current Registered Agent C ORPORATION YSTEM PO BOX Number is Not Acceptable) SOUTH PINE ISLAND ROAD TATION FL Zip Code 333344
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.						
		Make Chec	k Payable to I	S \$50.00 Florida Depai BY MAY 1	rtme	nt of State
9.		MBERS/MANAGERS	ti _{al} ity			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORM ENRIQUE 1225 NOT HOUSTON	ARTEAGA TH LOOP WE	ST S	TLE AME IREET ADDRESS ITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				HTLE LAME STREET ADDRESS MTY-ST-ZIP		
TITLE NAME STREET ADDRESS				TITLE NAME ETREET ADDRESS CITY - ST - ZIP		
_	Dertify that the information supplied on this report is true and accurate ibility company or the receiver or	ed with this filing does no te and that my signature trustee empowered to ex	et qualify for the control shall have the secute this repor	exemption state ame legal effect t as required by	ed in S t as if y Chap	section 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a managing member or manager of the oter 608, Florida Statutes.