

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 03, 2001 08:00 AM****Secretary of State****DOCUMENT # M00000001294****1. Entity Name**  
ACONCAGUA CAPITAL PARTNERS, LLC

<b>Principal Place of Business</b> 3550 BISCAYNE BLVD., STE 508  MIAMI FL 33137	<b>Mailing Address</b> 3550 BISCAYNE BLVD., STE 508  MIAMI FL 33137
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<b>2. Principal Place of Business</b> 3050 BISCAYNE BLVD., STE 301	<b>3. Mailing Address</b> 3050 BISCAYNE BLVD., STE 508
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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<b>City &amp; State</b> MIAMI FL	<b>City &amp; State</b> MIAMI FL
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<b>Zip</b> 33137	<b>Country</b>	<b>Zip</b> 33137	<b>Country</b>
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<b>4. FEI Number</b> 13-4065817	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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**5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

RIVAS RICARDO A  
401 ALLENDALE RD.  
  
KEY BISCAYNE FL  
331491809 US

**7. Name and Address of New Registered Agent**

Name  
RIVAS RICARDO A  
Street Address (P.O. Box Number is Not Acceptable)  
430 GRAND BAY DRIVE  
  
City  
KEY BISCAYNE FL Zip Code  
33149

**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** \_\_\_\_\_ **05/03/2001**  
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 Department of State****9. MANAGING MEMBERS / MEMBERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIVAS RICARDO A 3050 BISCAYNE BLVD., SUITE 301 MIAMI FL 33137	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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:** Ricardo A. Rivas MGRM 05/03/2001

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

Date

Daytime Phone #

CR2E083 (11/00)