## **2006 LIMITED LIABILITY COMPANY** ANNUAL REPORT

SIGNATURE:

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## Jul 07, 2006 8:00 am Secretary of State **DOCUMENT # M03000001674** 07-07-2006 90064 014 \*\*\*\*55 00 1. Entity Name BEBÁL LTDA C.I. Mailing Address Principal Place of Business CALLE 78 #4-63 OF 202 CALLE 78 #4-63 OF 202 BOGOTA, COLOMBIA, BOGOTA, COLOMBIA, 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05252006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For 98-0401103 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINEZ, DIOGENES C Street Address (P.O. Box Number is Not Acceptable) 18331 PINES BLVD. SUITE 223 PEMBROKE PINES, FL 33029 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable Filing Fee is \$50.00 Due by September 6, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE CP ☐ Delete TITLE ☐ Chance ■ Addition BECERRA, GERMAN WALKE NAME STREET ADDRESS CALLE 78 #4-63 OF 202 STREET ADDRESS CITY-ST-ZIP BOGOTA, COLOMBIA, CITY-57-70P TITLE ☐ Delete MLE ☐ Change Addition NAME BALEN, INES NAME STREET ADDRESS CALLE 78 #4-63 OF 202 STREET ADORESS CITY-ST-70P BOGOTA, COLOMBIA, CITY-ST-70P Detete TITLE TITLE MGIL Change ☐ Addition WILLIAMS, INES KALKE BECERRA, INES NAME STREET ADDRESS 7631 W 46TH STREET STREET ADDRESS LYONS, IL 60534 CITY-ST-ZE CITY-ST-7IP TELLE Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CTTY-ST-ZIP CITY-ST-ZIP TITLE □ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. 1006 BÉCERRA MAMABU

ER. MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED**