

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

01 MAY -1 AM 8:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT #</b> L00000016167			
<b>1. Entity Name</b> LBTP INVESTMENTS II, LLC			
<b>Principal Place of Business</b> c/o Roland Sanchez-Medina, Jr., Esq. 201 South Biscayne Boulevard, Suite 2200 Miami, Fl 33131		<b>Mailing Address</b>	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		<b>4. FEI Number</b> 65-1073905	<b>Applied For</b> <input type="checkbox"/> Not Applicable
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b> Roland Sanchez-Medina Jr., Esq. 201 South Biscayne Boulevard, Suite 2200 Miami, Florida 33131		<b>7. Name and Address of New Registered Agent</b>	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code
<b>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.</b>			
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			

DO NOT WRITE IN THIS SPACE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
<b>TITLE</b> Manager <input type="checkbox"/> Delete	<b>NAME</b> Javier Lumbreras	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1680 Michigan Avenue #915	<b>CITY-ST-ZIP</b> Miami Beach, Fl 33139	<b>STREET ADDRESS</b>	
<b>TITLE</b>	<b>NAME</b> Assistant Secretary	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 201 South Biscayne Blvd., #2200	<b>CITY-ST-ZIP</b> Miami, Fl 33131	<b>STREET ADDRESS</b>	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	
<b>TITLE</b>	<b>NAME</b>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	<b>STREET ADDRESS</b>	

400004134584-0  
-05/03/01--01127--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

CR2E083 (1/00)

**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:** *Roland Sanchez-Medina* **4/30/01 305-347-6534**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #