
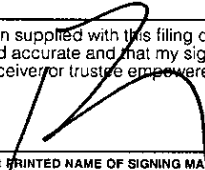


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90083 010 ***150.00

DOCUMENT # L02000030505					
1. Entity Name INSTITUTO SEVILLANO DE ESTUDIOS Y PRACTICAS, LLC					
Principal Place of Business C/O ALLEN & GALEGO 601 BRICKELL KEY DRIVE, SUITE 805 MIAMI, FL 33131			Mailing Address C/O ALLEN & GALEGO 601 BRICKELL KEY DRIVE, SUITE 805 MIAMI, FL 33131		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. 1441 BRICKELL AVE SUITE 1014		Suite, Apt. #, etc. 1441 BRICKELL AVE SUITE 1014			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 59-3768152	
Zip 33131		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN & GALEGO 601 BRICKELL KEY DRIVE, SUITE 805 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name ROBERT ALLEN LAW Street Address (P.O. Box Number is Not Acceptable) 1441 BRICKELL AVE SUITE 1014 City MIAMI FL Zip Code 33131			
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		By: Robert N. Allen, Jr., President 4/29/04 <small>(NOTE: Registered Agent signature required when re/instating)</small> DATE			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARPER, CHILTON E 601 BRICKELL KEY DRIVE, #805 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARPER, CHILTON E. 1441 BRICKELL AVE. SUITE 1014 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(f), 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: 		Robert N. Allen, Jr. 4/29/04 305-372-3300 <small>Signature and typed or printed name of signing managing member, manager, or authorized representative</small> Date Daytime Phone #			