L01000015271

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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(((H01000096478 2)))

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
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Account Number : I20000000112
Phone : (305)789-7758
Fax Number : (305)789-7799

AL

RECEIVED
01 SEP -6 PM 12:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY

Latin America Enterprise Fixed Income Management, LL

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

ARTICLES OF ORGANIZATION
OF
LATIN AMERICA ENTERPRISE FIXED INCOME MANAGEMENT, LLC

The undersigned, being a duly authorized representative of a member, desiring to form a limited liability company under and pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, does hereby adopt the following Articles of Organization:

ARTICLE I

NAME

The name of the limited liability company is LATIN AMERICA ENTERPRISE FIXED INCOME MANAGEMENT, LLC (the "Company").

ARTICLE II

ADDRESS

The principal office and mailing address of the Company is:

701 Brickell Ave.
Suite 3000
Miami, Florida 33131

ARTICLE III

REGISTERED AGENT AND OFFICE

The Company designates 701 Brickell Ave., Suite 3000, Miami, Florida 33131 as the street address of the initial registered office of the Company and names Intrastate Registered Agent Corporation as the Company's initial registered agent at that address to accept service of process within this state.

ARTICLE IV

MANAGEMENT

The Company shall be conducted, carried on, and managed by at least one (1) Manager. The Manager(s) shall also have the rights and responsibilities described in the Operating Agreement of the Company. The Manager(s) shall serve in such capacity until their successor(s) are duly elected and qualified.

ARTICLE V. DURATION AND CONTINUATION

The period of the Company's duration shall commence with the filing of these Articles of Organization with the Secretary of State, and shall continue perpetually, unless terminated (i) in accordance with the Company's Operating Agreement, or (ii) by the written agreement of a majority of ownership interest.

ARTICLE VI. PURPOSE

The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE VII. ADDITIONAL MEMBERS

Additional Members may be admitted upon the approval of a majority of the ownership interest of the Company, upon the written application of such new Member, in the manner set forth in the Operating Agreement of the Company.

ARTICLE VIII. OPERATING AGREEMENT

The power to adopt, alter, amend, or repeal the Operating Agreement of the Company shall be vested in the Members of the Company in the manner set forth in the Operating Agreement of the Company.

IN WITNESS WHEREOF, the undersigned has hereunto set his hand and seal this 6th day of September, 2001.

Steven H. Hagen
Duly Authorized Representative of a Member

H01000096478 2

ACCEPTANCE OF REGISTERED AGENT

The undersigned agrees to act as registered agent for LATIN AMERICA ENTERPRISE FIXED INCOME MANAGEMENT, LLC to accept service of process at the place designated in these Articles of Organization, and to comply with the provisions of Chapter 608, Florida Statutes, and acknowledge that the undersigned is familiar with, and accepts, the obligations of such position on this 6th day of September, 2001.

INTRASTATE REGISTERED AGENT CORPORATION

By: _____
Name: Steven H. Hagen
Title: Vice President

MIA1 #1067293 v1

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90580 036 ****50.00

957414

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000015271

1. Entity Name

LATIN AMERICA ENTERPRISE FIXED INCOME MANAGEMENT , LLC

Principal Place of Business	Mailing Address
701 BRICKELL AVE. SUITE 3000 MIAMI FL 33131	701 BRICKELL AVE. SUITE 3000 MIAMI FL 33131

2. Principal Place of Business	3. Mailing Address
2665 S. Bayshore Drive	2665 S. Bayshore Drive
Suite, Apt. #, etc.: #1101	Suite, Apt. #, etc.: # 1101
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33133 Country: Dade	Zip: 33133 Country: Dade

4. FEI Number 95-4893848 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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.

SIGNATURE _____
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
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PCEO Aramburu, Diego 701 Brickell Ave., Ste. 3000 Miami, Fl 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PCEO Aramburu, Diego 2665 South Bayshore Drive, Suite #1101 Miami, Fl. 33133 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SCFO Hernandez, Denise 701 Brickell Ave., Ste. 3000 Miami, Fl 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SCFO Hernandez, Denise 2665 South Bayshore Drive, Suite# 1101 Miami, Florida 33133 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Hettinger, Jonathan 701 Brickell Ave., Ste. 3000 Miami, Fl 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Hettinger, Jonathan 2665 South Bayshore Drive, Suite # 1101 Miami, Fl. 33133 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/01)

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: SIGNATURE REQUIRED Diego Aramburu 4/29/02 (305) 285-4841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State
02-17-2003 90004 039 ****50.00

U01452

DOCUMENT # L01000015271

1. Entity Name

LATIN AMERICA ENTERPRISE FIXED INCOME MANAGEMENT , LLC

Principal Place of Business	Mailing Address
2665 S. BAYSHORE DR. #11012 MIAMI FL 33133	2665 S. BAYSHORE DR. #11012 MIAMI FL 33133

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 95-4893848 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE. SUITE 3000 MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP ARAMBURU, DIEGO 2665 S. BAYSHORE DR. STE. 1101 MIAMI FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRS HERNANDEZ, DENISE 2665 S. BAYSHORE DR. STE. 1101 MIAMI FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HETTINGER, JONATHAN 2665 S. BAYSHORE DR. STE. 1101 MIAMI FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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: SIGNATURE REQUIRED DENISE B. HERNANDEZ 2/13/03 305-285-484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000015271

1. Entity Name

LATIN AMERICA ENTERPRISE FIXED INCOME MANAGEMENT, LLC

Principal Place of Business	Mailing Address
2665 S. BAYSHORE DR. #11012 MIAMI FL 33133	2665 S. BAYSHORE DR. #11012 MIAMI FL 33133

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 95-4893848 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE. SUITE 3000 MIAMI FL 33131	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRP ARAMBURU, DIEGO 2665 S. BAYSHORE DR. STE. 1101 MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition U00000054048 02/16/04-80155-021 50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRS HERNANDEZ, DENISE 2665 S. BAYSHORE DR. STE. 1101 MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HETTINGER, JONATHAN 2665 S. BAYSHORE DR. STE. 1101 MIAMI FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: DENISE HERNANDEZ 2/12/04 305-285-4841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000015271

1. Entity Name
LATIN AMERICA ENTERPRISE FIXED INCOME MANAGEMENT, LLC

Principal Place of Business	Mailing Address
2665 S. BAYSHORE DR. #11012 MIAMI, FL 33133	2665 S. BAYSHORE DR. #11012 MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

03112005No Chg-LLC CR2E083 (10/03)

4. FEI Number
95-4893848

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRP
NAME	ARAMBURU, DIEGO
STREET ADDRESS	2665 S. BAYSHORE DR. STE. 1101
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	MGRS
NAME	HERNANDEZ, DENISE
STREET ADDRESS	2665 S. BAYSHORE DR. STE. 1101
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	MGR
NAME	HETTINGER, JONATHAN
STREET ADDRESS	2665 S. BAYSHORE DR. STE. 1101
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000269159
03/18/05-80072-012 50.00

DO NOT WRITE IN THIS SPACE

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: _____ DENISE B. HERNANDEZ 3/11/05 305-285-4841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

DOCUMENT# L01000015271

Entity Name: LATIN AMERICA ENTERPRISE FIXED INCOME MANAGEMENT, LLC

Current Principal Place of Business:

2665 S. BAYSHORE DR.
#11012
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2665 S. BAYSHORE DR.
#11012
MIAMI, FL 33133

New Mailing Address:

FEI Number: 95-4893848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRP	( ) Delete
Name:	ARAMBURU, DIEGO	
Address:	2665 S. BAYSHORE DR. STE. 1101	
City-St-Zip:	MIAMI, FL 33133	
Title:	MGRS	( ) Delete
Name:	HERNANDEZ, DENISE	
Address:	2665 S. BAYSHORE DR. STE. 1101	
City-St-Zip:	MIAMI, FL 33133	
Title:	MGR	(X) Delete
Name:	HETTINGER, JONATHAN	
Address:	2665 S. BAYSHORE DR. STE. 1101	
City-St-Zip:	MIAMI, FL 33133	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DENISE HERNANDEZ MGRS 01/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007
Secretary of State

DOCUMENT# L01000015271

Entity Name: LAEF FIXED INCOME MANAGEMENT, LLC

Current Principal Place of Business:

2665 S. BAYSHORE DR.
#11012
MIAMI, FL 33133

New Principal Place of Business:

2665 S. BAYSHORE DR.
#715
MIAMI, FL 33133

Current Mailing Address:

2665 S. BAYSHORE DR.
#11012
MIAMI, FL 33133

New Mailing Address:

2665 S. BAYSHORE DR.
#715
MIAMI, FL 33133

FEI Number: 95-4893848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE.
SUITE 3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

ARAMBURU, DIEGO
2665 S BAYSHORE DRIVE
SUITE 715
MIAMI, FL 33131 US

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: DIEGO ARAMBURU 02/01/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRP ( ) Delete
Name: ARAMBURU, DIEGO
Address: 2665 S. BAYSHORE DR. STE. 1101
City-St-Zip: MIAMI, FL 33133

Title: MGRS ( ) Delete
Name: HERNANDEZ, DENISE
Address: 2665 S. BAYSHORE DR. STE. 1101
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: MGRP (X) Change ( ) Addition
Name: ARAMBURU, DIEGO
Address: 2665 S. BAYSHORE DR. STE. 715
City-St-Zip: MIAMI, FL 33133

Title: MGRS (X) Change ( ) Addition
Name: HERNANDEZ, DENISE
Address: 2665 S. BAYSHORE DR. STE. 715
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DENISE HERNANDEZ MGRS 02/01/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L01000015271

Entity Name: LAEF FIXED INCOME MANAGEMENT, LLC

Current Principal Place of Business:

2665 S. BAYSHORE DR.
#715
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2665 S. BAYSHORE DR.
#715
MIAMI, FL 33133

New Mailing Address:

FEI Number: 95-4893848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARAMBURU, DIEGO
2665 S BAYSHORE DRIVE
SUITE 715
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRP ( ) Delete
Name: ARAMBURU, DIEGO
Address: 2665 S. BAYSHORE DR. STE. 715
City-St-Zip: MIAMI, FL 33133

Title: MGRS ( ) Delete
Name: HERNANDEZ, DENISE
Address: 2665 S. BAYSHORE DR. STE. 715
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DIEGO ARAMBURU MGRP 04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

L01000015271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

200154961182

05/01/09--01057--020 **60.00

T. CLINE

MAY - 4 2009

EXAMINER

FILED

2009 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAEF Fixed Income Management, LLC.
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diego Aramburu
(Name of Person)

LAEF Fixed Income Management, LLC.
(Firm/Company)

2665 South Bayshore Drive, Suite 715
(Address)

Miami, FL 33133
(City/State and Zip Code)

For further information concerning this matter, please call:

Denise Hernandez at (305) 285-4841
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee

☐ $30.00 Filing Fee & Certificate of Status

☐ $55.00 Filing Fee & Certified Copy (additional copy is enclosed)

☑ $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

FILED
2009 MAY -1 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is
LAEF Fixed Income Management, LLC.

2. The Articles of Organization were filed on September 6, 2001 and assigned document number L01000015271.

3. The date the dissolution was approved: April 27, 2009.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).
No further business transactions to be conducted under Company name referenced above.

5. **CHECK ONE:**

☑ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. **CHECK ONE:**

☑ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

FILED
2009 MAY -1 PM 12:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature	Printed Name
	Diego Aramburu

FILING FEE: $25.00

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L01000015271

Entity Name: LAEF FIXED INCOME MANAGEMENT, LLC

Current Principal Place of Business:

2665 S. BAYSHORE DR.
#715
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2665 S. BAYSHORE DR.
#715
MIAMI, FL 33133

New Mailing Address:

FEI Number: 95-4893848 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ARAMBURU, DIEGO
2665 S BAYSHORE DRIVE
SUITE 715
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRP ( ) Delete
Name: ARAMBURU, DIEGO
Address: 2665 S. BAYSHORE DR. STE. 715
City-St-Zip: MIAMI, FL 33133

Title: MGRS ( ) Delete
Name: HERNANDEZ, DENISE
Address: 2665 S. BAYSHORE DR. STE. 715
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DIEGO ARAMBURU MGRP 05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Limited Liability Company

LAEF FIXED INCOME MANAGEMENT, LLC

Filing Information

Document Number	L01000015271
FEI/EIN Number	954893848
Date Filed	09/06/2001
State	FL
Status	INACTIVE
Last Event	LC VOLUNTARY DISSOLUTION
Event Date Filed	05/01/2009
Event Effective Date	NONE

Principal Address

2665 S. BAYSHORE DR.
#715
MIAMI FL 33133

Changed 02/01/2007

Mailing Address

2665 S. BAYSHORE DR.
#715
MIAMI FL 33133

Changed 02/01/2007

Registered Agent Name & Address

ARAMBURU, DIEGO
2665 S BAYSHORE DRIVE
SUITE 715
MIAMI FL 33131

Name Changed: 02/01/2007

Address Changed: 02/01/2007

Manager/Member Detail

Name & Address

Title MGRP

ARAMBURU, DIEGO
2665 S. BAYSHORE DR. STE. 715
MIAMI FL 33133

Title MGRS

HERNANDEZ, DENISE
2665 S. BAYSHORE DR. STE. 715
MIAMI FL 33133

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