2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am DOCUMENT # L0000006487 Secretary of State 01-31-2002 90150 001 ****50.00 EC OVERSEAS INVESTMENTS, L.L.C. 01-31-2002 90150 002 *****5.00 Principal Place of Business Mailing Address 157 E NEW ENGLAND AVE. 825 JADESTONE CIR. 10917 SUITE 402 ORLANDO FL 32828-8162 WINTER PARK FL 32789-4346 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3650147 Not Applicable Ζip Country 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 -POHL-&-SHORT *P.A:--Street Address (P.O. Box Number is Not Acceptable) 280 WEST CANTON AVE. **SUITE 410** WINTER PARK FL 32790 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, typed or printed name of registered agent and title if anglicable (NOTE: Registered Agent signature required when reinstating) 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 MGR -TITLE TITLE Delete ☐ Change ☐ Addition GUGNO, ESTEFANO CRISAFI NAME STREET ADDRESS 825 JADESTONE CIR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32828 TITI F ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST_7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY+ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

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.

Date Daytime Phone

FILED