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May 01, 2003 8:00 am
Secretary of State

05-01-2003 90275 032 ****50.00

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012126

1. Entity Name
NEW EAGLE INVESTMENTS, LLC

Principal Place of Business	Mailing Address
2999 NE 191ST STREET AVENTURA, FL 33180	2999 NE 191ST STREET AVENTURA, FL 33180

2. Principal Place of Business	3. Mailing Address
542 WASHINGTON AVENUE	542 WASHINGTON AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI BEACH	City & State: MIAMI BEACH
Zip: 33139 Country:	Zip: 33139 Country:

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1124977 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

SCATTARREGGIA, PAOLO
2999 NE 191ST STREET
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name: SCATTARREGGIA, PAOLO
Street Address (P.O. Box Number is Not Acceptable): 542 WASHINGTON AVENUE
City: MIAMI BEACH FL Zip Code: 33139

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]
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	MGR SCATTARREGGIA, PAOLO 2999 NE 191ST STREET AVENTURA, FL 33180	☐ Delete	MGR SCATTARREGGIA, PAOLO 542 WASHINGTON AVENUE MIAMI BEACH, FL 33139	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HARARI, ERIC 2999 NE 191ST STREET AVENTURA, FL 33180	☐ Delete	MGR HARARI, ERIC 542 WASHINGTON AVENUE MIAMI BEACH, FL 33139	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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] PAOLO SCATTARREGGIA 04/28/03 (305) 915-9016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #