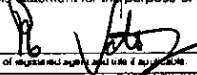
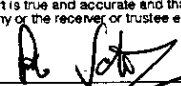


FILED
May 01, 2003 8:00 am
Secretary of State

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

2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

00000014

DOCUMENT # L01000012126			
1. Entity Name NEW EAGLE INVESTMENTS, LLC			
Principal Place of Business 2999 NE 191ST STREET AVENTURA, FL 33180		Mailing Address 2999 NE 191ST STREET AVENTURA, FL 33180	
2. Principal Place of Business 542 WASHINGTON AVENUE Suite, Apt. #, etc.		3. Mailing Address 542 WASHINGTON AVENUE Suite, Apt. #, etc.	
City & State MIAMI BEACH		City & State MIAMI BEACH	
Zip 33139		Zip 33139	
Country		Country	
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 		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		TITLE NAME STREET ADDRESS CITY-ST-ZIP 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		TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR HARARI, ERIC 542 WASHINGTON AVENUE MIAMI BEACH, FL 33139 ☒ 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	
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)(X), 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 606, Florida Statutes.			
SIGNATURE: 		PAOLO SCATTARREGGIA 04/28/03 915-9466	

CR2E083 (10/02)