2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am Secretary of State DOCUMENT # L9900003345 1. Entity Name 03-25-2002 90165 027 ****50.00 HOTEL / RETAIL INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 2573 MAYFAIR LANE 2573 MAYFAIR LANE WESTON FL 33327 WESTON FL 33327 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 65-0957856 Not Applicable Zip Country Zip 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 SLUTSKY, STUART M Street Address (P.O. Box Number is Not Acceptable) 2500 WESTON ROAD, SUITE 220 WESTON FL 33331 City 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 applicable. (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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM ☐ Delete TITLE MGRM Change Change ☐ Addition NAME ´MÒRREA, ALVARO E NAME CORREA, ALVARD E STREET ADDRESS STREET ADDRESS 2543 MAYFAIR LATE 2573 MAYFAIR LANE CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33327 Weston FL 33327 MGRM ☐ Delete TITLE ☐ Addition ☐ Change NAME CORREA, MARIA NAME STREET ADDRESS STREET ADDRESS 2573 MAYFAIR LANE CITY-ST-ZIP CITY-ST-7IP WESTON FL 33327 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-782 TITLE Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 3-12-02 (954)349-3696

FILED