2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 11, 2002 8:00 am Secretary of State DOCUMENT # L01000003494 01-23-2002 90082 032 ****50.00 1. Entity Name SHEJAZ INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 791 CRANDON BOULEVARD. OCEAN TOWER TWO 791 CRANDON BOULEVARD, OCEAN TOWER TWO UNIT 1001 UNIT 1001 KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE とからいっている City & State City & State Applied For 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 AGI REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 1200 BRICKELL AVENUE, SUITE 900 MIAMI FL 33131 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 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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE Change ☐ Addition (9/01) Delete VENTURA, VIVIAN NAME NAME CR2E083 STREET ADDRESS 791 CRANDON BOULEVARD, OCEAN TOWER TWO STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE FL 33149 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE 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 filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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