AMENDED $61.25

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 FEB 21 PM 4:54

DOCUMENT # L00000000886

1. Entity Name
CIGARZ AT THE ORLANDO ARENA, LLC

Principal Place of Business	Mailing Address
600 WEST AMELIA STREET ORLANDO FL 32801	290 N. BEACH STREET DAYTONA BEACH FL 32801

2. Principal Place of Business	3. Mailing Address
	2871 N. Federal Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Ft. Lauderdale, FL
Zip / Country	Zip: 33306 / Country: USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3673458 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSSMEYER, BRUCE
290 N. BEACH STREET
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name: Bruce Rossmeyer
Street Address (P.O. Box Number is Not Acceptable): 2871 N. Federal Highway
City: Ft. Lauderdale FL Zip Code: 33306

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 1/9/03
Signature, if changing registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

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	MGRM ROSSMEYER, BRUCE 290 N. BEACH STREET DAYTONA BEACH FL 32114	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2871 N. Federal Highway Ft. Lauderdale, FL 33306
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition MGRM Michael Shuartsman 9009 Balmoral Mews Square Windamere, FL 34786
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 300012874393 02/21/03--01009--020 **61.25
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)(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.

954-724-2806

X _____, Managing Member 2/11/03