FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90005 001 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

20026062

DOCUMENT # L00000003049

1. Entity Name
TIGER INVESTMENTS, L.C.

Principal Place of Business	Mailing Address
11382 PROSPERITY FARMS RD., SUITE 124 PALM BEACH GARDENS, FL 33410	11382 PROSPERITY FARMS RD., SUITE 124 PALM BEACH GARDENS, FL 33410

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
860 US HIGHWAY ONE		860 US HIGHWAY ONE	
Suite, Apt. #, etc. SUITE 108		Suite, Apt. #, etc. SUITE 108	
City & State NORTH PALM BEACH, FL		City & State NORTH PALM BEACH, FL	
Zip 33408	Country U.S.A.	Zip 33408	Country U.S.A.

4. FEI Number 03-0394949 — [X] Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HILLEY, V. DONALD 11382 PROSPERITY FARMS ROAD, SUITE 124 PALM BEACH GARDENS, FL 33410	Name V. CLAIRE WYANT-CORTEZ, ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 860 US HIGHWAY ONE, SUITE 108 City NORTH PALM BEACH FL Zip Code 33408

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 V. Claire Wyant-Cortez V. CLAIRE WYANT-CORTEZ, ESQ. 2/6/03
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	MGRM ANKETELL, RAJKUMOR B 9353 SE COVE PT JUPITER, FL 33458 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGMR ANKETELL, RAJKUMAR B. 216 W RIVERSIDE DRIVE JUPITER, FL 33469 [X] 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
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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: Rajkumar B. Anketell RAJKUMAR B. ANKETELL, MGMR 561/627-0009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #