2001 UNIFORM BUSINESS REPORT (UBR)

003271 SP

DOCUMENT # L00000005415

1. Entity Name

CALDWELL INVESTORS, L.C.

FILED
01 MAR 28 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
% TERRANCE J. MULLIN, ESQ. 2655 LEJEUNE ROAD, PENTHOUSE II CORAL GABLES FL 33134	% TERRANCE J. MULLIN, ESQ. 2655 LEJEUNE ROAD, PENTHOUSE II CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
200 S. Biscayne Blvd.	200 S. Biscayne Blvd
Suite, Apt. #, etc. Suite 2000	Suite, Apt. #, etc. Suite 2000
City & State Miami, Fl	City & State Miami, Fl
Zip 33131 Country US	Zip 33131 Country US

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

~~TERRANCE J. MULLIN, P.A.~~
~~2655 LEJEUNE ROAD, PENTHOUSE~~ II
~~CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent

Name Terrance J. Mullin
Street Address (P.O. Box Number is Not Acceptable) 200 S. Biscayne Blvd.
Suite 2000
City Miami FL Zip Code 33131

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] 3-2-01
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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AUTHORIZED REPRESENTATIVE ☐ Delete TERRANCE J. MULLIN 200 S. BISCAYNE BLVD., #2000 MIAMI FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER ☐ Delete CATALINA ECHAVARRIA 510 S. MASHTA DR. KEY BISCAYNE FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 800003984838--9 -04/10/01--01061--008 *****50.00 *****50.00
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 (11/00)

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] TERRANCE J. MULLIN AUTHORIZED REPRES. 3-2-01 786 777 8019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #