FILED Apr 30, 2003 8:00 am Secretary of State

| UNIFORM BUSINESS REPORT | |
|--|--|
| DOCUMENT # L0000005627 1. Entity Name | |

| 1. Entity Nam | /ENTURES / LLC | | C145. | | 04-30-2003 90183 | 040 ****50.0 | 00 | |
|--|---|----------------------------------|-------------------------------|--|--|---------------------|-----------------------------|--|
| Principal Plac | e of Business | Mailing Address | • | r | | | | |
| | | 115 NW 167 STREET | · · · | | | • | | |
| #300 #300 NORTH MIAMI BEACH FL 33169 NORTH MIAMI BEACH FL 33169 | | 169 | | | | | | |
| | | | | | | | | |
| 2. Principal Place of Business 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | - | | CHECK HERE IF MAK | (ING CHANGES | | | |
| City & Stat | e | City & State | | 4. FEI Nur | nber 65-1090370 | | oplied For of Applicable | |
| Zip | Country | Zip | Country | 5. Certific | ate of Status Desired | \$5.00 Add | ditional | |
| | 6. Name and Address of Current | Registered Agent | | 7. Name a | and Address of New Register | Fee Require | | |
| | | | Name | | The state of the s | | | |
| TRACY, GRANVIL M 115 NW 167 STREET | | | Street | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| #300 NOB |) Th Miami Beach FL 33169 | | | | | | | |
| NON | ILL MINIMI DEVOLI LE 20109 | | City | | · - | FL Zip Code | e | |
| | | | | | | Г <u>ь</u> ` | | |
| the obligat | named entity submits this statement folions of registered agent. | ir the purpose of changing its i | registered office (| r registered agent, or | both, in the state of Florida. T | an ianiliai wini, | and accept | |
| SIGNATURE . | Signature, typed or printed name of registered agent | and title if applicable. (NOTE | : Registered Agent signs | sture required when reinstating) | DA | NTE . | - | |
| | | FILE NO | W!!! FEE IS | \$50.00 | | | | |
| | | Make Check Payable | | • | | | ļ | |
| | | | By May 1, 200 | - | | | 1 | |
| 9. | MANAGING MEMBE | RS/MANAGERS | 10. | | . ADDITIONS/CHAN | GES | : 1 | |
| TITLE | MGRM | Delete | TITLE | MEMBER | | Change | ☐ Addition | |
| NAME | BEHAR, SABY | 2 | NAME | BEHAR, S | aby st ste | 3070 | , , | |
| STREET ADDRESS | 115 N.W. 167 ST., STE. 300 | | STREET ADDRESS | | | | } | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33169 | | CITY-ST-ZIP | NORTH M | IAMI BEACH F | | | |
| TITLE NAME | MGRM TRACY, GRANVIL | ☐ Delete | TITLE | • | | ☐ Change | Addition | |
| STREET ADDRESS | 115 N.W. 167 ST., STE. 300 | | NAME STREET ADDRESS | | | | } | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33169 | 1 | CITY-ST-ZIP | | | | 1 | |
| TITLE | MGRM | I Delete | TITLE | MEMBER | | Change | ☐ Addition | |
| NAME | JARVIS, BRUCE | (,2 0000 | NAME | JARVIS, B | RUCE STE STE | 77 | - · · } | |
| STREET ADDRESS | 115 N.W. 167 ST., STE. 300 T | په سړه د سه | STREET ADDRESS | 115 NW 1 | 675T STE-3 | D:0 | - | |
| CITY-ST-ZIP | NORTH MIAMI BEACH FL 33169 | <u> </u> | CITY-ST-ZIP | NORTH MI | AMI BEACH F | | | |
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| NAME | | | NAME | | | | Į | |
| STREET ADDRESS | | | STREET ADDRESS | | | | ĺ | |
| CITY-ST-ZIP | PER DE LOS CASES DE LA CONTRACTOR DE LA | 0.00 | CITY-ST-ZIP | 1 | 2/0 | | | |
| nereby c | ertify that the information supplied with | this filing does not qualify for | tne exemption sta | ited in Section 119.07(| ತ)(ı), Florida Statutes. I further | certify that the in | ntormation | |

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 TYPESOR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #