2003 LIMITED LIABILITY COMPANY

FILED Apr 14, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L0000005928 04-14-2003 90003 044 ****50.00 ST. JUDE INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 8005 NW 98 STREET 8005 NW 98 STREET HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33016 2. Principal Place of Business 2160 W. 8 Mailing Addres Suite, Apt. #, etc. Suite, Apt. #, etc. THECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State 65-1009648 Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POWERS, DENISE V -Street Address (P.O. Box Number is Not Acceptable) 2600 DOUGLAS ROAD SUITE 501 CORAL GABLES FL 33134 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Addition Change ☐ Detete TITI F Mecozzi, Milton Sr. NAME MELOZZI, MILTON SR NAME STREET ADDRESS STREET ADDRESS 21050 POINT PLACE E1602 CITY-ST-ZIP CITY-ST-ZIP **AVENTURA FL 33180** ☐ Addition Change TITLE D ☐ Delete TITLE Mecozzi, Mitton 3 NAME MELOZZI. MILTON JR NAME STREET ADDRESS STREET ADDRESS 11163 NW 71ST TERRACE CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

Daytime Phone #

☐ Change

☐ Addition