

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000006956**1. Entity Name  
NAPFIN COMMERCIAL LLC

|                             |                      |
|-----------------------------|----------------------|
| Principal Place of Business | Mailing Address      |
| 941 FOURTH ST #200M         | 941 FOURTH ST #200M  |
| MIAMI BEACH FL 33139        | MIAMI BEACH FL 33139 |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip Country                    | Zip Country         |

DO NOT WRITE IN THIS SPACE

|                                  |                                                         |
|----------------------------------|---------------------------------------------------------|
| 4. FEI Number                    | Applied For                                             |
|                                  | <input checked="" type="checkbox"/> Not Applicable      |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$5.00 Additional Fee Required |

|                                                                                                |                                                                                    |
|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent                                                | 7. Name and Address of New Registered Agent                                        |
| CORPORATE CREATIONS ENTERPRISES, INC.<br>941 FOURTH STREET #200<br><br>MIAMI BEACH FL 33139 US | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City FL 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.

SIGNATURE \_\_\_\_\_ DATE **04/24/2001**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>EATON CHRISTOPHER PMR<br>TROLLABY HOUSE, TROLLABY LANE<br>UNION MILLS, ISLE OF MAN UK IM44AW<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>PETERS SAMANTHA MS<br>LA PETITE VALLETTE, SARK<br>CHANNEL ISLANDS UK<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>DONNELLY JOHN TREVOR GMR<br>RUE DU MOULIN, SARK<br>CHANNEL ISLANDS UK<br><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **SAMANTHA PETERS** MGR 04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)