

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 12, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000007836**1. Entity Name  
CRIMSON CORAL INVESTMENTS, LLC

|                                                                             |                                                                 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business<br>1910 4TH STREET SOUTH<br><br>NAPLES FL 34102 | Mailing Address<br>1910 4TH STREET SOUTH<br><br>NAPLES FL 34102 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|

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

DO NOT WRITE IN THIS SPACE

|                                                           |                                                                   |
|-----------------------------------------------------------|-------------------------------------------------------------------|
| 4. FEI Number                                             | Applied For<br><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<br><br>CAUDILL JAMES F<br>3838 TAMiami TRAIL NORTH, STE 402<br><br>NAPLES FL 34103 US | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City FL Zip Code |
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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 **01/12/2001**  
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 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>HEISS MARLIES MS<br>2334 CLUB POND LANE<br>RESTON VA 20191<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                                                                                 |
| 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: Marlies Heiss MGR 01/12/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)