

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009356

1. Entity Name  
DIREX INVESTMENTS, L.L.C.

Principal Place of Business

200 S. ORANGE AVENUE, SUITE ~~2000~~ 1300  
ORLANDO FL 32801

Mailing Address

200 S. ORANGE AVENUE SUITE ~~2000~~ 1300  
ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 1300

Suite, Apt. #, etc.

Suite 1300

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

KHANANI, M. OWAIS

200 S. ORANGE AVENUE, SUITE ~~2000~~ 1300  
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite 1300

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT: 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  
MGRM  
KHANANI, M. SALEEM  
200 S. ORANGE AVENUE, SUITE ~~2000~~ 1300  
ORLANDO FL 32801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Suite 1300

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KHANANI, M. OWAIS  
200 S. ORANGE AVENUE, SUITE ~~2000~~ 1300  
ORLANDO FL 32801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Suite 1300

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KHANANI, M. HANI  
200 S. ORANGE AVENUE, SUITE ~~2000~~ 1300  
ORLANDO FL 32801

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Suite 1300

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

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

Date

Daytime Phone #

APPROVED  
AND  
FILED

01 MAY -3 PM 4:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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SIGNATURE: M. Owaiss Khanani 4-30-01 407/540-9191