2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

ND TYPED OR PRINTED NAME OF

May 12, 2002 8:00 am Secretary of State DOCUMENT # L00000010539 05-12-2002 90588 026 ****50.00 C.J. MOLINARI MORTGAGE BANKER, L.L.C. Principal Place of Business Mailing Address 100 NORTH BISCAYNE BLVD., SUITE 1407 100 NORTH BISCAYNE BLVD., SUITE 1407 957825 MIAMI FL 33132 MIAMI FL 33132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1042220 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAND DEVELOPER S.A., USA, INC. Street Address (P.O. Box Number is Not Acceptable) 100 NORTH BISCAYNE BLVD., SUITE 1407 MIAM! FL 33132 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. 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 Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITI F Change Addition NAME **MOLINARI, CARLOS** NAME STREET ADDRESS 100 NORTH BISCAYNE BLVD., SUITE 1407 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33132 CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME LAND DEVELOPER S.A. USA, INC. NAME STREET ADDRESS 100 NORTH BISCAYNE BLVD., SUITE 1407 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33132 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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.

FILED

CR2E083 (9/01)