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May 05, 2003 8:00 am
Secretary of State
05-05-2003 92166 023 ***150.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30068728

DOCUMENT # L00000012895

1. Entity Name
FLORIDA EDUCATION AND INVESTMENTS L.L.C.

Principal Place of Business	Mailing Address
1374 CANARY ISLAND DRIVE WESTON, FL 33327	1374 CANARY ISLAND DRIVE WESTON, FL 33327

2. Principal Place of Business	3. Mailing Address
1737 HARBOR VIEW	1737 HARBOR VIEW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WESTON, FL	City & State: WESTON, FL.
Zip: 33327 Country: USA	Zip: 33327 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1079568 ☐ 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
DE VARONA, RAUL J 146 MADEIRA AVENUE SUITE 310 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

[redacted]

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINZON, GILBERTO 1374 CANARY ISLAND DRIVE WESTON, FL 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINZON GILBERTO 1737 HARBOR VIEW CIRCLE WESTON, FL. 33327	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE PINZON, ADRIANA 1374 CANARY ISLAND DRIVE WESTON, FL 33327	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DE PINZON ADRIANA 1737 HARBOR VIEW CIRCLE WESTON, FL. 33327	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Gilberto Pinzon 04-30-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)