

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000013118**1. Entity Name
INVESTOR'S EDGE LLC

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| Principal Place of Business 801 N. MAGNOLIA AVENUE, SUITE 201 ORLANDO FL 32803 | Mailing Address 801 N. MAGNOLIA AVENUE, SUITE 201 ORLANDO FL 32803 |
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| 2. Principal Place of Business 201 S. ORANGE AVENUE, SUITE 200 Suite, Apt. #, etc. | 3. Mailing Address 201 S. ORANGE AVENUE, SUITE 200 Suite, Apt. #, etc. |
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DO NOT WRITE IN THIS SPACE

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| City & State ORLANDO FL | City & State ORLANDO FL | 4. FEI Number 59-3679575 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 32801 | Country | 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent ARNOLD, MATHENY & EAGAN, P.A. 801 N. MAGNOLIA AVENUE, SUITE 201 ORLANDO FL 32802 US | 7. Name and Address of New Registered Agent Name KALTBAUM GARY Street Address (P.O. Box Number is Not Acceptable) 201 S. ORANGE AVENUE, SUITE 200 City ORLANDO FL Zip Code 32801 |
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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 **GARY KALTBAUM** **04/27/2001**
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 NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GRUBB CARL A PMB 131, 3525 DEL MAR HEIGHTS RD. SAN DIEGO CA 92130 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM KALTBAUM GARY 201 S. ORANGE AVENUE, SUITE 200 ORANGE CA 32801 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **GARY KALTBAUM** MGRM **04/27/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)