

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000013837**

<b>1. Entity Name</b> ICOAST PROPERTIES, LLC			
<b>Principal Place of Business</b> 90 ALTON RD., STE. 2901  MIAMI BEACH FL 33139		<b>Mailing Address</b> 90 ALTON RD., STE. 2901  MIAMI BEACH FL 33139	
<b>2. Principal Place of Business</b> 534 W. 46TH STREET  Suite, Apt. #, etc.		<b>3. Mailing Address</b> 534 W. 46TH STREET  Suite, Apt. #, etc.	
<b>City &amp; State</b> MIAMI BEACH FL		<b>City &amp; State</b> MIAMI BEACH FL	
<b>Zip</b> 33140	<b>Country</b> US	<b>Zip</b> 33140	<b>Country</b> US
<b>4. FEI Number</b> 65-1054675		<b>Applied For</b> <input type="checkbox"/> Additional Fee Required <input checked="" type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  LEWIS KEITH 90 ALTON RD., STE. 2901  MIAMI BEACH FL 33139  US		<b>7. Name and Address of New Registered Agent</b>  Name LEWIS KEITH H  Street Address (P.O. Box Number is Not Acceptable) 534 W. 46TH STREET   City MIAMI BEACH FL Zip Code 33140	
<b>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.</b>			
<b>SIGNATURE</b> <u>KEITH H. LEWIS</u>		<b>DATE</b> <u>04/30/2001</u>	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Department of State</b>			
<b>9. MANAGING MEMBERS / MEMBERS</b>		<b>10. ADDITIONS / CHANGES</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>MGRM</b> KEITH LEWIS H 534 W. 46TH STREET MIAMI BEACH FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>			
<b>SIGNATURE:</b> Keith H. Lewis		<b>Mr.</b> 04/30/2001	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

CR2E083 (11/00)