Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90176 036 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014525

1. Entity Name

CAN-AM INVESTMENTS OF TAMPA BAY, LLC



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Principal Place of Business Mailing Address 2421-B TERESA CIRCLE 2421-B TERESA CIRCLE **TAMPA FL 33629** TAMPA FL 33629 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-4250174 Not Applicable Zip Country Zip 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 Name **GOLDSTEIN, BRUCE S** Street Address (P.O. Box Number is Not Acceptable) 500 EAST KENNEDY BLVD., SUITE 101-A **TAMPA FL 33602** 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 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 Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE Addition ☐ Delete TITLE NAME ELKIND, JAMES D NAME STREET ADDRESS 7601 BATHURST ST. #707 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THORNHILL ONTARIO CANADA L4J4H-5 TITLE MGR ☐ Delete TITLE Change ■ Addition NAME ELKIND. LYNNE M NAME STREET ADDRESS STREET ADDRESS 441 SPADINA RD., %FOREST HILL REAL ESTATE CITY-ST-ZIP CITY-ST-ZIP TORONTO ONTARIO CANADA M5P2W-3 Delete TITLE TITLE Change (Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition 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.

SIGNATURE AND TYPED OR PRINTED NAME OF

817 251-0895