2002 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2002 8:00 am Secretary of State DOCUMENT # L00000014944 1. Entity Name 02-07-2002 90172 015 ****50 00 LD INVESTMENTS, LLC Principal Place of Business Mailing Address 919280 5921 WILDWOOD AVE. 5921 WILDWOOD AVE. SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Toyce Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Sarasof City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable America Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required meriea 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STEINGOLD, LISA Street Address (P.O. Box Number is Not Acceptable) 5921 WILDWOOD AVE. SARASOTA FL 34231 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 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM CR2E083 (9/01 TITLE □ Delete TITLE Change Addition STEINGOLD, LISA NAME NAME STREET ADDRESS 5921 WILDWOOD AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34231 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

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