2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRIVISED NAME OF SIGNE

May 24, 2002 8:00 am Secretary of State DOCUMENT # L01000000624 04-16-2002 90073 043 ****50.00 1. Entity Name BFH ASSOCIATES, LLC Principal Place of Business Mailing Address 1401 BRICKELL AVE., STE. 520 1401 BRICKELL AVE., STE. 520 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 105-106-9873 Not Applicable Ζiρ Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Siegel, Steven t Street Address (P.O. Box Number is Not Acceptable) 1401 BRICKELL AVE., STE. 520 MIAMI FL 33131 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ď Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ĝ. 10 ADDITIONS/CHANGES STEVEN SIEBEL, MANAGING HENERE TITLE TITLE ☐ Addition ☐ Change CR2E083 (9/01 MAME 1401 BRICHELL AVE. STE 520 STREET ADORESS STREET ADDRESS MIAHI FL 33131 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-702 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ 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 CHY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. REQUIRED

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #