2002 UNIFORM BUSINESS REPORT (UBR)

FAMOUSE STOP TOWN BLEASUIR PROMOTE

JITE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

May 24, 2002 8:00 am Secretary of State DOCUMENT # L01000001643 04-22-2002 90164 039 ****50.00 1. Entity Name LBTP INVESTMENTS III. LLC Principal Place of Business Mailing Address C/O ROLAND SANCHEZ-MEDINA JR., ESO. C/O ROLAND SANCHEZ-MEDINA JR., ESQ. 201 S. BISCAYNE BLVD., STE. 2200 201 S. BISCAYNE BLVD., STE. 2200 86445 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business Mailing Address P.O.BOX398655 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MYHUI BENCH, FL 33239 APPLIED Zip Not Applicable Country 37239 Country 5. Certificate of Status Desired \$5.00 Additional 5. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent Name SANCHEZ-MEDINA, ROLAND JR ESQ 201 S. BISCAYNE BLVD., STE. 2200 Street Address (P.O. Box Number is Not Acceptable) MIAM! FL 33131 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 egent 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 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Phis. TITLE Delete TITLE NAME FRANCISCO J. LUMBCERAS ☐ Change ☐ Addition 10/6 NAME STREET ADDRESS P.O. SOX 391655 STREET ADORESS CITY-ST-ZIP MMM BENCY, FL 33237 CR2E083 CITY-ST-73P ME ☐ Defete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Detete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE Delete TITLE NAME Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition 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 eath; 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.

FILED

205.531-112

Daytime Phone #