

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90594 038 ****50.00

DOCUMENT # L01000002733

1. Entity Name

MOUNT PLEASANT INVESTMENTS, LLC

Principal Place of Business

**1000 BRICKELL AVE.
 SUITE 1200
 MIAMI FL 33131**

Mailing Address

**1000 BRICKELL AVE.
 SUITE 1200
 MIAMI FL 33131**

c/o Harleston R. Wood

2. Principal Place of Business

c/o Harleston R. Wood

3. Mailing Address

Harleston R. Wood

Suite, Apt. #, etc.

275 Hampton Lane

Suite, Apt. #, etc.

275 Hampton Lane

City & State

Key Biscayne, Florida

City & State

Key Biscayne, FL

Zip
33149

Country
U.S.A.

Zip
33149

Country
U.S.A.

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**RODRIGUEZ, VIVIAN N
 1000 BRICKELL AVE.
 SUITE 300
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
Harleston R. Wood

Street Address (P.O. Box Number is Not Acceptable)

275 Hampton Lane

City
Key Biscayne

FL

Zip Code
33149

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 *Harleston R. Wood*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/26/02
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR ☒ Delete
 NAME
RIDRIGUEZ, VIVIAN N
 STREET ADDRESS
1000 BRICKELL AVE.
 CITY-ST-ZIP
MIAMI FL 33131

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
 NAME ☒ Change ☐ Addition
 STREET ADDRESS
Harleston R. Wood
275 Hampton Lane
 CITY-ST-ZIP
Key Biscayne, Florida 33149

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 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: *Harleston R. Wood*

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

4/26/02 305-372-5298

Date

Daytime Phone #

CR2E083 (9/01)