FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Jan 16, 2002 8:00 am Secretary of State DOCUMENT # L01000006077 1. Entity Name 01-16-2002 90261 010 ****50.00 CENTRUM INVESTORS, L.L.C. Principal Place of Business Mailing Address 7765 SW 87TH AVE., STE, 100 7765 SW 87TH AVE., STE. 100 905891 MIAMI FL 33173 MIAMI FL 33173 3. Mailing Address 6401 SW 87 Avenue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 212 City & State City & State Applied For 4. FEI Number 65-1101889 Miami, FL Miami, Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 33173 USA 33173 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEINBERG, STEVEN A Street Address (P.O. Box Number is Not Acceptable) C/O FRANK, WEINBERG & BLACK, P.L. 7805 S.W. 6TH CT. PLANTATION FL 33324 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES Randolph A McKean, Mgr_{□ Delete} TITLE TITLE ☐ Change 🔩 🔲 Addition 6401 SW 87 Ave, Suite 212 NAME STREET ADDRESS Miami, FL 33173 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Kenneth Weston, Mgr TITLE ☐ Addition ☐ Change NAME 7765 SW 87 Ave, Suite 100 NAME STREET ADDRESS STREET ADDRESS Miami, FL 33173 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-\$T-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

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

☐ Delete

01-11-2002

305-274-1742

Daytime Phone #

☐ Change

☐ Addition