2002 UNIFORM BUSINESS REPORT (UBR)

May 08, 2002 8:00 am § Secretary of State DOCUMENT # L0100006352 1. Entity Name 05-08-2002 90081 003 ****50.00 EDGE INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 48 EAST FLAGLER STREET 48 EAST FLAGLER STREET SUITE PH-104 SUITE PH-104 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 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOSKOVITZ, DANIEL ESQ. Street Address (P.O. Box Number is Not Acceptable) 48 EAST FLAGLER STREET SUITE PH-104 **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) 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 TIT! F CR2E083 (9/01) Delete TITLE ▼ Addition Manager ☐ Change NAME NAME J. Mark Harrington STREET ADDRESS STREET ADDRESS 1079 NE 90th Street CITY-ST-7IF CITY-ST-ZIP Miami, Florida 33138 TITLE ☐ Delete TITI F Manager ☐ Change ★ Addition NAME NAME Anabel Delgado STREET ADDRESS STREET ADDRESS 1079 NE 90th Street CITY-ST-ZIF CITY-ST-ZIP Miami, Florida 33138 Delete TITLE Manager ☐ Change Addition NAME Ivars Briedis STREET ADDRESS STREET ADDRESS 1121 NE 86th Street CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 33138 TITLE ☐ Delete TITLE Manager ☐ Change ★ Addition NAME Helena L. Briedis NAME STREET ADDRÉSS STREET ADDRESS 1121 NE 86th Street CITY-ST-ZIP CITY-ST-ZIP Miami, Florida 33138 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

CITY-ST-ZIP

11. Thereby 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 cath; that I am a managing member or manager of the limited liability company or the receiver of custee empowered to execute this report as required by Chapter 608, Florida Statutes.

ANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

16, 2002 (305) 371-2248

FILED