2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000009858

1. Entity Name

C.B. INVESTMENTS, LLC



FILED 03 MAR 11 PM 1:29 SECRETARY OF STATE
TALLAHASSEE. FLORIDA

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S. Certificate of Status Desired Fee Required F	City & State			City & State			4. FEI Num	65-1117378		<u> </u>	· <u>`</u>	
LAMONT & NEIMAN, P.A. ONE BISCAYNE TOWER, 3550 TWO SOUTH BISCAYNE BLVD. MAMI FL 33131 City FL Zip Code City FL Zip Cod	Zip Country			Zip Country		5. Certifica	te of Status Desired					
AMAIN FL 33131 Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS /MANAGERS Due By May 1, 2003 9. MANAGING MEMBERS /MANAGERS Due By May 1, 2003 9. MANAGING MEMBERS /MANAGERS Due By May 1, 2003 9. MANAGING MEMBERS /MANAGERS TILE MGR CAPAS, DUGLAS M SIRET ADDRESS 512 FRONT ST KEY WEST FL 33040 Delde TILE MAGR CAPAS, JEFFREY G SIRET ADDRESS CITY-ST-2P TILE MAGR CAPAS, JEFFREY G SIRET ADDRESS CITY-ST-2P TILE MAKE SIRET ADDRESS CITY-ST-2P TILE MAKE SIRET ADDRESS CITY-ST-2P TITLE MAKE SIRET ADDRESS CITY-ST-2P TIT		6. Name and	Address of Current Reg	stered Agent			7. Name ar	nd Address of New Re	gistered	Agent		
ONE BISCAYNE TOWER, 3550 TWO SOUTH BISCAYNE BLVD. MAMN FL 33131 City FL Zip Code	1 414	MAIT O AICIMAAN	DA	Name						•		
### CITY FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the onligations of registered agent. Signature Si	ONE BISCAYNE TOWER, 3550					Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature Signature Investor or implement agent and title if applicable. Invite Invit												
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		certify that the info	rmation supplied with this	filing does not qualify for			Section 119 07/3)(i). Florida Statutes 1 fi	irther cer	tify that the in	formation	

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURÈ

305296-5293 3-10-03