2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 07, 2002 8:00 am Secretary of State DOCUMENT # L01000010511 1. Entity Name 05-07-2002 90385 014 ****50.00 CORAL WAY DEVELOPERS, LLC Principal Place of Business Mailing Address 2000 SOUTH DIXIE HIGHWAY 2000 SOUTH DIXIE HIGHWAY 955687 SUITE 100-F SUITE 100-F MIAMI FL 33133 MIAMI FL 33133 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 651-14-1657 Not Applicable Zip Country 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 DE GUZMAN, JOSE MARIA Street Address (P.O. Box Number is Not Acceptable) 2000 SOUTH DIXIE HIGHWAY SUITE 100-F MIAMLFL 33133 City Zip Code FL 8. The above nar ntity submits this statement for he purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 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 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change ☐ Addition DEAL INVESTMENTS. LLC NAME NAME STREET ADDRESS 2000 SOUTH DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP MIAMI FL 33133 CITY-ST-ZIP ☐ 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-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ 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 the 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 trustee empowered execute this report as required by Chapter 608, Florida Statutes.

TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED