2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 03, 2003 8:00 am
Secretary of State

06-06-2003 90002 016 ****50.00

DOCUMENT # L01000011009

1. Entity Name
DEBBAUX INVESTMENTS LLC

44005230

Principal Place of Business	Mailing Address
1811 SE 21ST AVENUE POMPANO BEACH, FL 33062	1811 SE 21ST AVENUE POMPANO BEACH FL 33062

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
4737 N. Ocean Dr.	4737 N. Ocean Dr.
Suite, Apt. #, etc. 104	Suite, Apt. #, etc. 104
City & State Ft. Lauderdale, Fla.	City & State Ft. Lauderdale, Fla
Zip 33308 Country USA	Zip 33308 Country USA

4. FEI Number 80-0007768 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DEBORAH DEIOMA
1811 SE 21ST AVENUE
POMPANO BEACH, FL 33062

7. Name and Address of New Registered Agent

Name R. Scott Beaumont
Street Address (P.O. Box Number Is Not Acceptable)
4737 N. Ocean Dr., #104
City Ft. Lauderdale FL Zip Code 33308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE R. Scott Beaumont
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER DEBORAH DEIOMA 1811 SE 21ST AVENUE POMPANO BEACH, FL 33062 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	R. Scott Beaumont — President 4737 N. Ocean Dr., #104 Ft. Lauderdale, Fla. 33308 ☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: D. Deioma 5-1-03 454.785.0741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #