5/22/2002

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-22-2002 90068 028 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000012960

1. Entity Name
PIKE INVESTMENTS, LLC

Principal Place of Business	Mailing Address
7227 7TH PLACE NORTH WEST PALM BEACH FL 33411	7227 7TH PLACE NORTH WEST PALM BEACH FL 33411

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1151529 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CIKLIN, ALAN J 515 NORTH FLAGLER DRIVE, SUITE 1900 WEST PALM BEACH FL 33401	Name: George Sparling Street Address (P.O. Box Number is Not Acceptable): 7227 7th Pl. N. City: West Palm Beach FL Zip Code: 33411

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] (Signature of current or proposed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/30/02

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
TITLE: Manager - Operating ☐ Delete NAME: George Sparling STREET ADDRESS: 15722 Glen Willow W CITY-ST-ZIP: Wellington, FL 33414	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Sec/Treasurer ☐ Delete NAME: Dave Hudson STREET ADDRESS: 7140 Pioneer Lakes Circle CITY-ST-ZIP: West Palm Beach, FL 33418	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 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: SIGNATURE REQUIRED — 6/14/02 — 561-615-4483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (9/01)