

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2003 8:00 am
Secretary of State

08-05-2003 90027 025 ****50.00

0001208

DOCUMENT # L01000013794

1. Entity Name

BOSTON INVESTMENT PARTNERS, LLC

NC 11/25/02
J.A. ✓



Principal Place of Business

Mailing Address

1110 BRICKELL AVENUE STE. 806
MIAMI FL 33131

1110 BRICKELL AVENUE STE. 806
MIAMI FL 33131

2. Principal Place of Business

1110 Brickell Avenue Suite 800

Suite, Apt. #, etc.

3. Mailing Address

1110 Brickell Avenue

Suite, Apt. #, etc.

Suite 800

City & State

Miami FL

City & State

Miami FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

22-3821276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAYONA, JUAN PABLO
1110 BRICKELL AVENUE STE. 806
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Juan Pablo Bayona
Street Address (P.O. Box Number is Not Acceptable)

1110 Brickell Avenue Suite 800

City
Miami

FL

Zip Code
33131

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 Juan Pablo Bayona Managing Member

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/30/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
MGRM
BAYONA, JUAN P
STREET ADDRESS
1110 BRICKELL AVENUE STE. 806
CITY-ST-ZIP
MIAMI FL 33131

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition
MGRM
ENRIQUE DILLON
STREET ADDRESS
1110 BRICKELL AV. SUITE 800
CITY-ST-ZIP
MIAMI FL 33131

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 person or persons empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)