FILED ~4*t*. May 01, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L01000018856 04-02-2002 90957 041 ****50.00 GAMBURD HOLDINGS, L.L.C. Principal Place of Business Mailing Address · 27228 21205 YACHT CLUB DRIVE 21205 YACHT CLUB DRIVE #809 **AVENTURA FL 33180** AVENTURA FL 33180 2. Principal Place of Business 3. Mailing Address 1543 NE 194世 1542 NE 19445 STREET STYLEET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65 11 56 164 Applied For North Diani Beach - Fl NORTH THAT! BEACH- FI Not Applicable ^{Zip} 33179 Country 33°17-1 \$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 Name SERBER, DANIEL J ESQ. Street Address (P.O. Box Number is Not Acceptable) 2875 N.E. 191ST SUITE 801 **AVENTURA FL 33180** City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent alignature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM Defete TITLE HOR D 960 🗷 Change NAME DG INVESTMENTS LIMITED INC. DG INVESTMENTS LIMITED, STREET ADDRESS 21205 YACHT CLUB DRIVE STREET ADDRESS 1543 NE 19414 STREET CITY-ST-ZIP AVENTURA FL 33180 CITY-ST-2IP NORTH MIAMI BEACH-FL TITLE ☐ Delete me Change Change NAME GAMBURD, DANIEL GAMBURD, DANIEL 1543 NE 1941 STREET NAME STREET ADDRESS 21205 YACHT CLUB DRIVE STREET ADDRESS CITY-ST-ZIP MORTH MIAMI BEACH - FL - 33179 AVENTURA FL 33180 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SPNE E OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(50mbuz) 02/19/02

3ar)682-1573