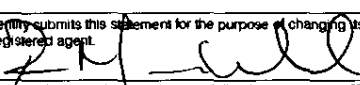


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000002090			
1. Entity Name MILESTONE INVESTMENTS, L.L.C.			
Principal Place of Business 21055 YACHT CLUB DR. SUITE 310 AVENTURA, FL 33180		Mailing Address 21055 YACHT CLUB DR. SUITE 310 AVENTURA, FL 33180	
2. Principal Place of Business FLORIDA		3. Mailing Address 21055 YACHT CLUB DRIVE	
Suite, Apt. #, etc. 310		Suite, Apt. #, etc.	
City & State AVENTURA, FL		City & State	
Zip 33180	Country USA	Zip	Country
4. FEI Number 01-0601038		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LARRY J. BEHAR, P.A. 888 SOUTHEAST THIRD AVE. SUITE #400 FT. LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE	
Signature, typed or printed name of registered agent and title, if applicable		(NOTE: Registered Agent signature required when establishing)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003		500014094115 03/14/03--01078--018 **50.00	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	GENERAL MANAGER EARL TAKEFMAN 21055 YACHT CLUB DRIVE #310 AVENTURA, FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR RYAN MENDELL 21055 YACHT CLUB DRIVE #310 AVENTURA, FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 606, Florida Statutes.			
SIGNATURE: 		Date: March 11/03	
SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

(305) 804-5424