2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000003857

1. Entity Name



FILED Apr 29, 2003 8:00 am Secretary of State 04-29-2003 90032 010 ****55.00

PATHFINDER INVESTMENTS, LLC						i i				
Principal Place of Business		Mailing Address			1					
4111 SHORELAND DRIVE VERO BEACH FL 32963		4111 SHORELAND DRIVE VERO BEACH FL 32963 US) 186	111 111 111 1111 1111 1111 1111 1111 11	1111 11 111 11	186 1881 (888 C			
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF	MAKINO	3 CHANGES	•	
City & State		City & State				4. FEI Nun	nber -0786332			pplied For ot Applicable
Zip	Country	Zip	Country	try S.			ate of Status Desired	×	\$5.00 Add	ditional
	6. Name and Address of Current	Registered Agent				7. Name a	nd Address of New Re	gistered .	Agent	
			1	Name	-					
	K, ANDREW C	·····	<u></u>	Street Ac	tdress (PO Box Num	nber is Not Acceptable)			
	O BEACH FL 32963									
			(City	<u>-</u>			FL	Zip Cod	le
	named entity submits this statement focions of registered agent.	r the purpose of changing its re	egistered o	office or	registere	ed agent, or t	ooth, in the State of Florid	da. Iam	familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ag	gent signatur	re required	when reinstating)	<u> </u>	DATE		
		FILE NO				<u></u>	1			
		Make Check Payable				nt of State				
			By May			it of State				
9.	MANAGING MEMBERS/MANAGERS 10.						ADDITIONS/C	HANGES		~ ~~
TITLE		☐ Delete	TITLE	T					☐ Change	Addition
NAME			NAME							_
STREET ADDRESS			STREET A							
CITY-ST-ZIP			CITY-ST-		-					
TITLE		☐ Delete	TITLE		MGR	M	•		Change	Addition
NAME STREET ADDRESS			NAME STREET A	DDOLCC	Don	Newood	and Orive			
CITY-ST-ZIP			CITY-ST-	710				'n		ł
TITLE		Delete	TITLE		west_	rain U	each, FL 3340	<u> </u>	☐ Change	☐ Addition
NAME		Li Delete	NAME						☐ Change	☐ Addition
STREET ADDRESS	n and normal spin supposed	المناسي والمناسي سا	STREET A	ODRESS :						
CITY-ST-ZIP			CITY-ST-	-ZIP						
TITLE		□ Delete	TITLE						☐ Change	☐ Addition
NAME			NAME]
STREET ADDRESS			STREET A							}
CITY-ST-ZIP			CITY-ST-	ZIP		-				
TITLE		☐ Delete	TITLE						Change	☐ Addition (
NAME			NAME	DD0500						
STREET ADDRESS CITY-ST-ZIP			STREET AL							{
TITLE		☐ Delete	TITLE	-+		- 			☐ Change	Addition
NAME		←1 DRIGIG	NAME						T AlignAg	nadigori
STREET ADDRESS			STREET A	DDRESS						J
CITY-ST-ZIP			CITY-ST-	ZIP						
11. I hereby d	certify that the information supplied with	this filing does not qualify for the	he exempt	tion state	ed in Sec	ction 119.07/:	3)(i) Florida Statutes I fr	irther cer	tify that the it	nformation

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

772-234-6985