## **FILED** Jul 18, 2003 8:00 am Secretary of State

Ur	TIFORM BUSINE	33 NEPUN	IVB	n,	_	05-02-2003	90755 006 ***	**50.00	
1. Entity Nan	MENT # LO2000( OR CAPITAL GROUP, LLC	<b>004365</b> <i>U</i>							
Principal Place of Business		Malling Address			55051530				
	Principal Place of Business SLOT 2000. A.P. 59223 NASSAU BAHAMAS  2. Principal Place of Business Suite, Apt. #, etc. City & State  Zip Country	SLOT 2000, A.P. 59223			13031000				
NASSAU BAH	AMAS	NASSAU BAHAMAS					`.		
2 Principal S	Diago of Rusinees	2 Mailing Address	SSAU BAHAMAS  Mailing Address  Mailing Address  Mailing Address  Mailing Address  Mailing Address  Sure, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   A. FEI Number QO -, OO 8 4 3 10   Applied For Not Applicable    Size   A. FEI Number QO -, OO 8 4 3 10   Applied For Not Applicable    Size   A. FEI Number QO -, OO 8 4 3 10   Applied For Not Applicable    To Name and Address of New Registered Agent    Street Address (P.O. Box Number is Not Acceptable)  City   FL   Zip Code    Unpose of changing its registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept    Applicable.   (Note: Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept    FILE NOW!!! FEE IS \$50.00    Make Check Payable to Florida Department of State    Due By May 1, 2003    ANAGERS   10.   ADDITIONS/CHANGES      Delete   ITILE   Change   Addition      Change   Addition						
2. Chinopari	race of odsiness	a. maining Address			) INNII	TIA CAN CONFE IADAN CORN ÉORNA A	ATTA <b>er</b> an <b>er</b> an <b>areas</b> anta	1 4014) 35H 40J3	
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & Stal	te	City & State			4. FEI Numi	er 20-,008	11 ~ 11 1 h-		
Zip	Country	Zip	Country	<del></del>	5. Certificat	e of Status Desired	□ \$5.00 A	dditional	
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name an	d Address of New Reg			
				ame					
			Si	treet Address (	Address (P.O. Box Number is Not Acceptable)				
BO					<del>_</del>	<u></u>			
			-	ity	<del></del>	<del>. – – – – –</del>	Zin Co		
8 The above	named entity submits this statement for	the purpose of changing its	J	•	ad agent or he	ally in the State of Florid			
the obligat	tions of registered agent.	in the being one changing ha	s registered or	inca or register	au agent, or or	on, in the state of Franc	, tauraman witt	, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and side if anythropide (AMY)	E Basimond Agas	and antonomic uses progressive and	(udani nina)		NAME .		
	of man, day a button and a left street of a	<b>)</b>			( Printer ( Britains ( C)	i	. VAIE		
1		Make Check Payab	le to Florid	a Departme	nt of State				
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/CI	HANGES		
TITLE	MGRM					• •	☐ Change	■ Addition	
NAME STREET ADDRESS	B.G. CAPITAL GROUP I SLOT 2000, A.P. 5922			ORESS					
CITY-ST-ZIP	NASSAU, BAHAMAS					, ,			
TITLE		☐ Delate	TITLE				☐ Change	Addition	
NAME STREET ADDRESS				DECC					
CITY-ST-ZIP			1						
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NAME STREET ADDRESS						_			
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NAME STREET ADORESS				20500			•		
CITY-ST-ZIP			CITY-ST-ZI	1					
TITLE		☐ Delete	me	_			☐ Change	Addition	

11. I hereby certify that the information supplied with this filling 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 accorde 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 approved to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

LGNATURA: REQUIRED IANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

☐ Change

Addition