

FILED  
Apr 23, 2003 8:00 am  
Secretary of State

03-27-2003 90013 049 \*\*\*\*50.00

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                |                                                                     |                                                                                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L02000014363</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                |                                                                     |  |  |
| 1. Entity Name<br><b>PASADENA REAL ESTATE INVESTORS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                |                                                                     |                                                                                   |  |
| Principal Place of Business<br><b>3350 BRIDLE PATH LANE<br/>WESTON FL 33331</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                | Mailing Address<br><b>3350 BRIDLE PATH LANE<br/>WESTON FL 33331</b> |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |                | 3. Mailing Address                                                  |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |                | Suite, Apt. #, etc.                                                 |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                | City & State                                                        |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      | Country        |                                                                     | 4. FEI Number<br><b>02-0624490</b>                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                |                                                                     | Applied For<br>Not Applicable                                                     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |                |                                                                     | <b>\$5.00</b> Additional Fee Required                                             |  |
| 6. Name and Address of Current Registered Agent<br><b>E.H.G. RESIDENT AGENTS, INC.<br/>5100 TOWN CENTER CIRCLE, SUITE 430<br/>BOCA RATON FL 33486</b>                                                                                                                                                                                                                                                                                                                                                        |      |                |                                                                     | 7. Name and Address of New Registered Agent                                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                |                                                                     | Name                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                |                                                                     | Street Address (P.O. Box Number is Not Acceptable)                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                |                                                                     | City                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                |                                                                     | <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                |                                                                     |                                                                                   |  |
| FILE NOW!!! FEE IS \$50.00<br>Make Check Payable to Florida Department of State<br>Due By May 1, 2003                                                                                                                                                                                                                                                                                                                                                                                                        |      |                |                                                                     |                                                                                   |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                |                                                                     |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NAME | STREET ADDRESS | CITY-ST-ZIP                                                         | <input type="checkbox"/> Delete                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                |                                                                     |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NAME | STREET ADDRESS | CITY-ST-ZIP                                                         | <input type="checkbox"/> Delete                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                |                                                                     |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NAME | STREET ADDRESS | CITY-ST-ZIP                                                         | <input type="checkbox"/> Delete                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                |                                                                     |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NAME | STREET ADDRESS | CITY-ST-ZIP                                                         | <input type="checkbox"/> Delete                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                |                                                                     |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NAME | STREET ADDRESS | CITY-ST-ZIP                                                         | <input type="checkbox"/> Delete                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                |                                                                     |                                                                                   |  |
| 10. ADDITIONS/CHANGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |                |                                                                     |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NAME | STREET ADDRESS | CITY-ST-ZIP                                                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                |                                                                     |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NAME | STREET ADDRESS | CITY-ST-ZIP                                                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                |                                                                     |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NAME | STREET ADDRESS | CITY-ST-ZIP                                                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                |                                                                     |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NAME | STREET ADDRESS | CITY-ST-ZIP                                                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |                |                                                                     |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | NAME | STREET ADDRESS | CITY-ST-ZIP                                                         | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>SIGNATURES REQUIRED</u> 3/13/03 (954) 431-6100                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |                |                                                                     |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                   |      |                |                                                                     |                                                                                   |  |