2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 24, 2004 8:00 am Secretary of State DOCUMENT # L02000017300 1. Entity Name 02-24-2004 90098 007 ****50.00 PAPILLON INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 2875 N.E. 191ST STREET TURNBERRY PLAZA SUITE 801 AVENTURA FL 33180 2875 N.E. 191ST STREET **TURNBERRY PLAZA SUITE 801 AVENTURA FL 33180** 2. Principal Place of Business 3. Mailing Address 3035 NE 208 STREET 3035 NE 208 STREET Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E083 (11/03) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE AVENTURA, I'CORIDA AVENTUKA. FLORIDA Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 3180 3180 NZV Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KICHARD STEAD SERBER, DANIEL J. ESQ. 2875 N.E. 191ST STREET TURNBERRY PLAZA SUITE 801 Street Address (P.O. Box Number is Not Acceptable) **AVENTURA FL 33180** City AVENTURA Zip Code **33/80** 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. RICHARD <u>dast2</u> (NOTE: Registered Agent signature required when reinstating) ustered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES MGRH TITLE MGRM ☐ Delete TITLE Change ☐ Addition STEAD, RICHARD NAME STEAD, RICHARD NAME STREET ADDRESS 2875 N.E. 191ST STREET STREET ADDRESS 3035 WE 248 STREET CITY-ST-ZIP **AVENTURA FL 33180** CITY-ST-ZIP AVENTURA, FL. 33180 TITLE **MGRM** ☐ Delete TITLE MGRM Change ☐ Addition STEAD, ANA NAME STEAD, ANA NAME STREET ADDRESS 2875 N.E. 191ST STREET 3035 NE 208 STREET STREET ADDRESS CITY-ST-ZIP AVENTURA FL 33180 CITY-ST-ZIP AVENTURA, FC. 33180 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change 1 ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIDE Delete TITLE ☐ Change [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

ICHARD

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

SIGNATURE:

FILED