2003 LIMITED LIABILITY COMPANY

UNITURM DUSINESS REPURI (UDR)						.	
DOCUMENT # L02000018986 1. Entity Name NASSAU BAY MOB INVESTORS LLC						FILED	
				SO WE TO		03 OCT 30 AM 8: DD	
Principal Place of Business Mailing Address					[SELBETAGE OF THE	
THE DASCO COMPANIES LLC THE DASCO COMPANIES LLC					ļ	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
3399 PGA BLVD., SUITE 240 PALM BEACH GARDENS FL PALM BEACH GARDENS FL PALM BEACH GARDENS FL						FLORIDA	
PALM BEACH GARDENS FL FALM BEACH GARDENS FL				Ì	A DOUGHAIN DHI DONIO HIDHI ODHIF BOHIN DONIA OBABA ISOON SOLOO ISOON SOLOO ANNA		
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES	
City & Stat	e	City & State				4. FEI Number Applied For Not Applicable	
Zip	Country	Zip Country		try		5. Certificate of Status Desired \$5.00 Additional	
Zip 334/	10	33410		<u> </u>		Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY							
1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525							
		\sim		City		FL .Zip Code	
	8. The above named entity submits this statement for the purpose of charging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept						
the obligations of registered agent. Brian Courtney							
SIGNATURE Signature, typed or printed name of indistered aggrerand title if applicants. (NOTE: Registered Agent signature (office when reinstating) DATE							
FILE NOW!!! FEE IS \$50.00							
Make Check Payable to Florida Department of State 1125513543 Due By September 24, 2003 10/07/0301055003 **50.00							
		Due By	Septen	nger 24, 200	U3 	10/0†/03~-01055~~003 **50.00	
9	MANAGING MEMBER		10.			ADDITIONS/CHANGES	
TITLE	/	☐ Delete	TITLE	. 46	FRH	AURIUM PARTABESHIP, 2 TO Change Addition	
NAME STREET ADDRESS			NAME	T ADDRESS 51	//~W	WASHINGTON, ST SUITE 240	
CITY-ST-ZIP	,					ANDO, FL 32801	
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NAME *		□ Delete	NAME			COLM SINA	
STREET ADDRESS			10			PEA BLUD SUITE 240	
CITY-ST-ZIP			CITY-	ST-ZIP	241	BEACH GARDENS, FL 334/0	
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CITY-ST-ZIP			CITY-	ST-ZIP			
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STREET ADDRESS				T ADDRESS	سدا	and the same of the	
CITY-ST-ZIP				ST-ZIP		dec	
I hereby c indicated	ertify that the information supplied with to on this report is true and accurate and the	his filing does not qualify for that my signature shall have the	the exem	option stated in	in Sect	ction 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a managing member or manager of the	
limited liab	pility company or the receiver or trustee	empowered to execute this re	eport as	required by C	hapter	or 608, Florida Statutes.	
	Donale	7				, ,	
SIGNAT	URE:	KOONL		CAROSS		9/04/03 (561)691-9900	
SIGNATURE AND TYPED OR DELETED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylitre Phone #							