

FILED  
Jun 16, 2003 8:00 am  
Secretary of State

04-30-2003 90174 040 \*\*\*50.00

2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

47.

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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                               |         |                                                                                                                                                                             |                                                                                                                                                                      |  |
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| <b>DOCUMENT # L02000028429</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |         |                                                                                                                                                                             |                                                                                     |  |
| 1. Entity Name<br><b>REBTEX INVESTMENTS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                               |         |                                                                                                                                                                             |                                                                                                                                                                      |  |
| Principal Place of Business<br>3801 PGA BLVD.<br>SUITE 803<br>PALM BEACH GARDENS FL 33410                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                               |         | Mailing Address<br>3801 PGA BLVD.<br>SUITE 803<br>PALM BEACH GARDENS FL 33410                                                                                               |                                                                                                                                                                      |  |
| 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>52-2386594</b>                                                                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                               |         |                                                                                                                                                                             | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                               |  |
| 6. Name and Address of Current Registered Agent<br><b>BUESINGER, RONALD E. JR.<br/>208 MAINSAIL CIRCLE<br/>JUPITER FL 33477</b>                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                               |         | 7. Name and Address of New Registered Agent<br><b>BUESINGER, RONALD E., JR.<br/>C/O Tequesta Capital Advisors<br/>3801 PGA Blvd Ste 803<br/>Palm Beach Gardens FL 33410</b> |                                                                                                                                                                      |  |
| 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 reinstating) 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               |         | 10. ADDITIONS/CHANGES                                                                                                                                                       |                                                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MANAGER<br><b>Ronald E. Buesinger, Jr.</b><br><del>3801 PGA Blvd Ste 803 Palm Beach Gardens FL 33410</del><br><input type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              | <b>C/O Tequesta Capital Advisors<br/>3801 PGA Blvd Ste 803<br/>Palm Beach Gardens, FL 33410</b><br><input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del>[REDACTED]</del><br><input type="checkbox"/> Delete                                                                                      |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                               |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                               |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                               |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                                               |         | TITLE<br>NAME<br>STREET ADDRESS<br>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 608, Florida Statutes. |                                                                                                                                               |         |                                                                                                                                                                             |                                                                                                                                                                      |  |
| SIGNATURE: <b>RONALD E. BUESINGER, JR.</b> 4/24/03 561-310-6385<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               |         |                                                                                                                                                                             |                                                                                                                                                                      |  |

CR2E083 (10/02)