2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE and TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L02000030794

1. Entity Name

IED INVEST



FILED Apr 11, 2003 8:00 am Secretary of State 04-11-2003 90019 041 ****50.00

Date

Daytime Phone #

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEN INVE	31, L.L.U	•					'					
Suite, Apt. #, etc. Suite City & State City & City & City & State City & City & City & City & State City &	6544 VIA BENIT	TA	s	6544 VIA	6544 VIA BENITA								
Suite, Apt. #, etc. Suite City & State City & City & City & State City & City & City & City & State City &	<u></u> .												
City & State City & State City & City & State City & City & City & State City & State City &	2. Principal P	Place of Busin	ness	3. Mailing	g Address								
ZP Country Zp Country S. Certificate of Status Desired S. S. O. Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable) 6. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address (P.O. Box Number is Not Acceptable) 6. Create Address (P.O. Box Number is Not Acceptable) 6. Create Address (P.O. Box Number is Not Acceptable) 6. Create Address (P.O. Box Number is Not Acceptable) 6. Create Address (P.O. Box Number is Not Acceptable) 6. Create Address (P.O. Box Number is Not Acceptable) 6. Create Address (P.O. Box Number is Not Acceptable) 6. Create Address (P.O. Box Number is Not Acceptable) 6. Create Address (P.O. Box Number is Not Acceptable) 6. Create Address (P.O. Box Number is Not Acceptable) 6. Create Address (P.O. Box Number is Not Acceptable) 6. Create Address (P.O. Box Number is Not Acceptable) 6. Create Address (P.O. Box Number is Not Acceptable) 6. Create Address (P.O. Box Number is Not Acceptable) 6. Create Address (P.O.	Suite, Apt.	#, etc.		Suite, /	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
S. Country S. Country S. Certificate of Status Desired S.5.00 Astronal Fee Requirous	City & State	e		City &	City & State								
S. Name and Address of Current Registered Agent Name	Zip Country			Zip	Zip Country			5. Certifica	ate of Status Desired		\$5.00 Ad	ditional	
RIOS, JUAN F 6544 VA SENITA BOCA RATON PL 33433 Street Address (PO. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chigations of registered agent, or both, in the State of Florida agent, or both, in the State of Florida agent, or both, in the State of Florida		6 Nome	and Address of Currer	nt Registered	Agent		 _	7 Name o	nd Address of New B			 _	
RIOS, JUAN F 8544 VAI BENTTA BOCA RATON FL 33433 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Make Check Payable to Edited Agent agent are to the interest of the acceptable of fice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of fice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of fice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of fice or registered agent, or both, in the State of Florida. I am familiar with, and acceptable of the state of Florida. I am familiar with, and acceptable of the state of Florida. I am familiar with, and acceptable of the state of Florida. I am familiar with, and acceptable of the state of Florida. I am familiar with, and acceptable of the state of Florida. I am familiar with, and acceptable of the state of Florida. I am familiar with, and acceptable of the state of Florida. I am familiar with, and acceptable of the state of Florida. I am familiar with, and acceptable of the state of Florida. I am familiar with, and acceptable of Florida State of Florida. I am familiar with, and acceptable of Florida State of Florida. I am familiar with, and acceptable of Florida State of Florida. I am familiar with, and acceptable of Florida State of Florida. I am familiar with, and acceptable of Florida State of Florida.			and Address of Outres				Name					_ 	
BOCA RATION FL 33433 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida. I am familiar with, and accept the state of Florida Department of State of Florida Department of State of Florida D		-						<u> </u>					
E. 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 Synature, bycod or printed name of registered agent and the floridation. SIGNATURE Synature, bycod or printed name of registered agent and the floridation of 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 Synature, bycod or printed name of registered agent and the floridation of 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 SIGNA							Street Address	(P.O. Box Num	nder is Not Acceptable	, 	_ _ _	·	
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature, typed or printed retires of registered agent and like if expiciable NOTE: Registered Agent signature required when remaining DATE						,	City				T zin Cov		
SIGNATURE Signature, typed or printed name of registered agent and file if application. (NOTE Registered Agent signature required when rentation) DAYE							City			FL	. Zip Coc	<u></u>	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. **P(ESIDENT** MANAGING MEMBERS IMANAGERS*** 10. ADDITIONS/CHANGES*** 10. ADDITIONS/CHANGES** 10. ADDIT				for the purpose	e of changing its	s registere	d office or registe	ered agent, or t	ooth, in the State of Flo	rida. I am f	amiliar with,	, and accept	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. YCESIDE NT MANAGING MEMBERS /MANAGERS TITLE NAME STREET ADDRESS CITY-ST-2P TITLE N	SIGNATURE .	Signature, typed	or printed name of registered age	nt and title if applica	ble. (NOT	E: Registered	Agent signature require	ed when reinstating)		DATE		3	
Make Check Payable to Florida Department of State Due By May 1, 2003 9. **PRESIDENT** MANAGING MEMBERS** MANAGERS** 1111 NAME STREET ADDRESS** 1111 NAME STREET ADDRESS** 1111 NAME STREET ADDRESS** 1111 NAME STRE	-			7									
9. Y(ESIDENT MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITTLE				Make									
9. PRESIDENT MANAGING MEMBERS MANAGERS TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE				Hanc	•			one or oraco	}				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	0 100	e ei Om a	A ANNA CINIC MENT	DEBS (MANAG					ADDITIONS	CHANCES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET		E31061	NANAGING WEWE	n 4					ADDITIONS/	CHANGES			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	J	000		€ J 1+Δ	C Delete	•	j j				C) Ontange		
TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE	STREET ADDRESS 6544 VIA BENTE				. =	STREE	T ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZI	CITY-ST-ZIP	BOO	+ RATON FL	<u> 3343</u>	3	CITY-	ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete Delete TITLE Delete	TITLE			, 	Delete	TITLE			-		Change	☐ Addition	
CITY-ST-ZIP TITLE Delete TITLE CHAME. STREET ADDRESS CITY-ST-ZIP TITLE CHAME. STREET ADDRESS CITY-ST-ZIP STRE							1 -						
TITLE CHANGE STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITL													
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-			_ :			╃—							
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CIT	,				☐ Delete		,				[_] Change	∐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				TT. 4 2 1 2 54	e en time			2	~	~ •			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	-												
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	TITLE			L	☐ Delete	TITLE					Change	☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	NAME					NAME							
TITLE NAME STREET ADDRESS 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). Fiorida Statutes. I further certify that the information	ſ					- 6	ſ		•				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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	CITY-ST-ZIP	<u> </u>				CITY-	ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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					☐ Delete		ì		•		Change	Addition Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS 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							ſ						
TITLE NAME STREET ADDRESS 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	į.												
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS 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	 +	 -			□ Delete	→—							
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS 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					ח טפופנט ריי						- Aumilia		
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					•								
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	CITY-ST-ZIP					CITY-	ST-ZIP						
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	indicated	on this repor	rt is true and accurate an	d that my sign	ature shall have	the same	legal effect as if r	made under oa	ith; that I am a manag	further cen	tify that the	information er of the	