## 2003 LIMITED LIABILITY COMPANY

## May 12, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR DOCUMENT # L02000030900 04-23-2003 90234 019 \*\*\*\*50.00 1. Entity Name DEVELOPMENT INVESTORS, LLC Principal Place of Business Mailing Address 3440 HOLLYWOOD BOULEVARD, SUITE 380 3440 HOLLYWOOD BOULEVARD, SUITE 360 HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 3772607 Not Applicable Zlp Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 1ARK-E-ROUSSO-ESQ LEVINE, ALAN W ESQ. Street Address (P.O. Box Number is Not Acceptable) 1110 BRICKELL AVENUE, 7TH FLOOR **MIAMI FL 33131** 636 Aiuz buls boown11041 boowilloff 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. 200250 1 RRK FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGHR TITLE TITLE ☐ Change Addition CR2E083 (10/02 MARK E. ROUSSO NAME NAME 3440 HOLLYWOOD BLUD, STESSO STREET ADDRESS STREET ADORESS HOLLYWOOD, FL 33021 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME Ricardo Olivieri NAME STREET ANNAESS STREET ADDRESS 3440 Haywood shid skaco CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 33021 Delete TITLE TITLE NAME Patrico Valenzuela NAME STREET ADDRESS 3440 Hollywood Blud, SK360 Hollywood, FL33CH STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Delete TITLE Ибнк TITLE ☐ Change ☐ Addition NAME NAME Bernie Siegel Biyo Hollywood Blud, ste 260 STREET ADDRESS STREET ADDRESS CITY-ST-7P Pominar FL 33021 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAMÉ NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filling 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 eath; 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.

NAME

CITY-ST-7IP

STREET ADDRESS

CITY-ST-7/P

☐ Change

Addition

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

NAME

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