LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 02, 2003 8:00 am
Secretary of State
04-14-2003 90899 012 ****50.00

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DOCUMENT # L02000032634

1. Entity Name

CLWR INVESTMENTS, LLC

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
9655 S DIXIE HWY	9655 S DIXIE HWY
Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc. SUITE 200
City & State MIAMI, FLA	City & State MIAMI, FLA
Zip 33156 Country USA	Zip 33156 Country USA

4. FEI Number 43-1992687 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name ROBERT J. MERLIN

Street Address (P.O. Box Number is Not Acceptable) 95 MERRICK WAY, SUITE 420

City CORAL GABLES FL Zip Code 33134

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 Robert J. Merlin 4/7/03

Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROBERT MERLIN
STREET ADDRESS	95 MERRICK WAY, SUITE 420
CITY-ST-ZIP	CORAL GABLES, FLA 33134
TITLE	MGRM
NAME	Buddy Levine
STREET ADDRESS	328 NE 70 STREET
CITY-ST-ZIP	MIAMI, FLA 33138
TITLE	MGRM
NAME	MARK COHEN
STREET ADDRESS	328 NE 70 STREET
CITY-ST-ZIP	MIAMI, FLA 33138
TITLE	MGRM
NAME	MARK WEISSER
STREET ADDRESS	65 E 9TH CT
CITY-ST-ZIP	HIALEAH, FLA 33012
TITLE	MGRM
NAME	H JOSH ROSTEIN
STREET ADDRESS	9655 S DIXIE HWY, SUITE 200
CITY-ST-ZIP	MIAMI, FLA 33156
TITLE	
NAME	
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CR2E083B (12/02)

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: H Josh Rostein 4/04/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #