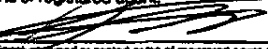


FILED
Apr 12, 2004 8:00 am
Secretary of State

34003159



DOCUMENT # L03000629428		03-09-2004 90296 039 ****50.00																			
1. Entity Name HILLSBORO PINES GOLF VENTURES, L.L.C.																					
Principal Place of Business 19600 PRESIDENTIAL WAY NORTH MIAMI BEACH FL 33179		Mailing Address 19600 PRESIDENTIAL WAY NORTH MIAMI BEACH FL 33179																			
2. Principal Place of Business Hills Boro Pines Golf Club Suite, Apt. #, etc.		3. Mailing Address 2410 Country Club Suite, Apt. #, etc. Doral FL																			
City & State City: Country:		City & State City: State: FL																			
Zip Country:		Zip Country: Brazil																			
4. FEI Number 030528230		Applied For Not Applicable																			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		MOORE CR2E083 (11/03)																			
6. Name and Address of Current Registered Agent VITALE, STEVEN G 32-C S.E. OSCEOLA STREET STUART FL 34994		7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:																			
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  Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE																					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																					
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																			
<table border="1"><tr><td>TITLE</td><td>NAME</td><td>☐ Delete</td></tr><tr><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td></td></tr><tr><td colspan="3">Managing Partner Peter D. Vitale 4100 Coral Hills Dr Coral Springs FL 33065</td></tr></table>		TITLE	NAME	☐ Delete	STREET ADDRESS	CITY - ST - ZIP		Managing Partner Peter D. Vitale 4100 Coral Hills Dr Coral Springs FL 33065			<table border="1"><tr><td>TITLE</td><td>NAME</td><td>☐ Change ☐ Addition</td></tr><tr><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td></td></tr><tr><td colspan="3"></td></tr></table>		TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME	☐ Delete																			
STREET ADDRESS	CITY - ST - ZIP																				
Managing Partner Peter D. Vitale 4100 Coral Hills Dr Coral Springs FL 33065																					
TITLE	NAME	☐ Change ☐ Addition																			
STREET ADDRESS	CITY - ST - ZIP																				
<table border="1"><tr><td>TITLE</td><td>NAME</td><td>☐ Delete</td></tr><tr><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td></td></tr><tr><td colspan="3"></td></tr></table>		TITLE	NAME	☐ Delete	STREET ADDRESS	CITY - ST - ZIP					<table border="1"><tr><td>TITLE</td><td>NAME</td><td>☐ Change ☐ Addition</td></tr><tr><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td></td></tr><tr><td colspan="3"></td></tr></table>		TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME	☐ Delete																			
STREET ADDRESS	CITY - ST - ZIP																				
TITLE	NAME	☐ Change ☐ Addition																			
STREET ADDRESS	CITY - ST - ZIP																				
<table border="1"><tr><td>TITLE</td><td>NAME</td><td>☐ Delete</td></tr><tr><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td></td></tr><tr><td colspan="3"></td></tr></table>		TITLE	NAME	☐ Delete	STREET ADDRESS	CITY - ST - ZIP					<table border="1"><tr><td>TITLE</td><td>NAME</td><td>☐ Change ☐ Addition</td></tr><tr><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td></td></tr><tr><td colspan="3"></td></tr></table>		TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME	☐ Delete																			
STREET ADDRESS	CITY - ST - ZIP																				
TITLE	NAME	☐ Change ☐ Addition																			
STREET ADDRESS	CITY - ST - ZIP																				
<table border="1"><tr><td>TITLE</td><td>NAME</td><td>☐ Delete</td></tr><tr><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td></td></tr><tr><td colspan="3"></td></tr></table>		TITLE	NAME	☐ Delete	STREET ADDRESS	CITY - ST - ZIP					<table border="1"><tr><td>TITLE</td><td>NAME</td><td>☐ Change ☐ Addition</td></tr><tr><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td></td></tr><tr><td colspan="3"></td></tr></table>		TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME	☐ Delete																			
STREET ADDRESS	CITY - ST - ZIP																				
TITLE	NAME	☐ Change ☐ Addition																			
STREET ADDRESS	CITY - ST - ZIP																				
<table border="1"><tr><td>TITLE</td><td>NAME</td><td>☐ Delete</td></tr><tr><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td></td></tr><tr><td colspan="3"></td></tr></table>		TITLE	NAME	☐ Delete	STREET ADDRESS	CITY - ST - ZIP					<table border="1"><tr><td>TITLE</td><td>NAME</td><td>☐ Change ☐ Addition</td></tr><tr><td>STREET ADDRESS</td><td>CITY - ST - ZIP</td><td></td></tr><tr><td colspan="3"></td></tr></table>		TITLE	NAME	☐ Change ☐ Addition	STREET ADDRESS	CITY - ST - ZIP				
TITLE	NAME	☐ Delete																			
STREET ADDRESS	CITY - ST - ZIP																				
TITLE	NAME	☐ Change ☐ Addition																			
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 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 606, Florida Statutes.																					
SIGNATURE:  DATE: 3/1/04																					