2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 APR -3 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L94000000442

1. Entity Name
LAM HOLDINGS, L.C.

Principal Place of Business	Mailing Address
222 S.W. 15TH RD. MIAMI FL 33133	222 S.W. 15TH RD. MIAMI FL 33129-1122

2. Principal Place of Business	3. Mailing Address
12323 SW 55th Street	12323 SW 55th Street
Suite, Apt. #, etc.: Building 1000, #1010	Suite, Apt. #, etc.: Building 1000, #1010
City & State: Ft. Lauderdale, Florida	City & State: Ft. Lauderdale, Florida
Zip: 33330 Country: USA	Zip: 33330 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0525499 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EVANS, JAMES C
CATLIN SAXON TUTTLE AND EVANS, P.A.
169 E. FLAGLER ST., #1700
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name: Christine Adriani
Street Address (P.O. Box Number is Not Acceptable): 12323 SW 55th Street, Building 1000, #1010
City: Ft. Lauderdale FL Zip Code: 33330

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.

SIGNATURE: [signature] Member DATE: 3/31/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ADRIANI, CHRISTINE L 13351 LURAY RD FT LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400003224284--0 -04/26/00--01019--004 *****55.00 *****55.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ADRIANI, MARIO 13351 LURAY RD FT LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/99)

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: [signature] CHRISTINE ADRIANI 3/31/00 954-252-9989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #