FILED
Apr 30, 2002 8:00 am
Secretary of State
04-30-2002 90107 027 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

947074

DOCUMENT # L96000000512

1. Entity Name
TIFFANY INVESTMENTS, L.C.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6895 OLD MELBOURNE HWY	6895 OLD MEL BOURNE HWY.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. CLOUD FL.	City & State: ST. CLOUD FL.
Zip: 34771 Country: U.S.A.	Zip: 34771 Country:

4. FEI Number: 59-3384059 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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.

SIGNATURE _____ DATE
Signature, type or print name of registered agent and title if applicable

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SALOMON, EDWARD M. III
STREET ADDRESS	6004 E. IRLO BRONSON HWY.
CITY-ST-ZIP	ST. CLOUD FL. 34771
TITLE	MGR
NAME	RICHARD W. SHAW
STREET ADDRESS	6895 OLD MELBOURNE HWY.
CITY-ST-ZIP	ST. CLOUD FL. 34771
TITLE	MGR.
NAME	MILES, DAVID H.
STREET ADDRESS	3286 MAJESTIC OAK DR.
CITY-ST-ZIP	ST. CLOUD FL. 34771
TITLE	
NAME	
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CITY-ST-ZIP	

CR2E083B (12/01)

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: MEM. RICHARD W. SHAW 4/16/02 407-891-8817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #