## APPROVED 2000 UNIFORM BUSINESS REPORT (UBR) L98000000988 DOCUMENT # 1. Entity Name 00 APR -3 AMIO: 42 53RD STREET INVESTMENT, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7225 N.W. 25TH STREET 7225 N.W. 25TH STREET SUITE MIAMI FL 33122 MIAMI FL 33122-1706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0849068 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMON, GARY P" ~ Street Address (P.O. Box Number is Not Acceptable) 9100 SOUTH DADELAND BLVD., SUITE 504 MIAMI FL Zip Code FL 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, 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 ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. Change Addition TITLE MGR Delete TITLE GRONDIN, M A NAME NAME STREET ADDRESS 7225 N.W. 25TH STREET, SUITE 110 STREET ADDRESS CITY- ST- ZIP CITY- ST-ZIP MIAMI FL 33122 ☐ Delete Change TITLE TITLE 900003219589-NAME NAME -04/24/00--01022--022 STREET ADDRESS STREET SUURFES \*\*\*\*\*50.00 \*\*\*\*\*50.00 CITY. ST-71P CITY. ST. 71P ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition | Delete TITLE Change NAME NAÇAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defets Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY- \$T-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 enhancement to execute this report as required by Chapter 608, Florida Statutes.

M.A. GRONDIN-MGR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE:

3/28/00

305-592-7090

Daytime Phone #