2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: VIN WILLIAM SIGNATURE AND TYPED OR PRINTED N

IL Emply Names INVESTECH CAPITAL, LLC. OI A PR 27 AM II: 24 SECRETARY OF STATE TABLE A FASSEE, FLORIDA 1551 NN. 1971 STREET, SUITE 100 BOCA RATION FL 3349 2. Principal Place of Business Suite. Age. 4. etc. City & State Country Z. Principal Place of Business Suite. Age. 4. etc. City & State Country Z. Principal Place of Business Suite. Age. 4. etc. City & State Country Z. Principal Place of Business Suite. Age. 4. etc. City & State Country Z. Principal Place of Business Suite. Age. 4. etc. Country Z. Principal Place of Business Suite. Age. 4. etc. Country Z. Principal Place of Business Suite. Age. 4. etc. Country Z. Principal Place of Business Suite. Age. 4. etc. Country Z. Principal Place of Business Suite. Age. 4. etc. Country Z. Principal Place of Business Suite. Age. 4. etc. Country Z. Principal Place of Business Suite. Age. 4. etc. Country Z. Principal Place of Business Suite. Age. 4. etc. Country Z. Principal Place of Business Suite. Age. 4. etc. Country Z. Principal Place of Business Suite. Age. 4. etc. Country Z. Principal Place of Business Suite. Age. 4. etc. Country Z. Principal Place of Business Suite. Age. 4. etc. Country Z. Principal Place of Business Suite. Age. 4. etc. Country Z. Principal Place of Business Suite. Age. 4. etc. Country Z. Principal Place of Business Suite. Age. 4. etc. Country Z. Principal Place of Business Suite. Age. 4. etc. Suite. Age. 4.						FILED			
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S. Name and Address of Current Registered Agent Name	City & State C		City & State	ity & State		007/000/06			
FIRE, NORMAN D 1951 N.W. 1971 STREET, SUITE 100 Street Address (P.O. Box Number is Not Acceptable)	Zip Country Z		Zip	p Country					
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Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	FINE. NORMAN D				Name				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. SIGNATURE Signature typed or prived remove dringialred agent and tea Marphitophia. IND: Programma Agent signature required agent and material agent and tea Marphitophia. IND: Programma Agent signature required agent, or both, in the State of Fiorida. DATE Comparison of Comparison	1951 N.W. 19TH STREET, SUITE 100			Street A	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. SIGNATURE SIGNATUR	BOCA RA	NTON FL 33431							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, your or presented agent and that if sopricate. NOT 5 Programmed Agent a granted when religitating? DATE FILE N W!!! FEE \$80.00 \$-05/17/01010199-006 ********50.00 ********50.00 *******50.00 *******50.00 *********50.00 ********50.00 ********50.00 *******50.00 *********50.00 ********50.00 ********50.00 *******50.00 ********50.00 ********50.00 ********50.00 ********50.00 ********50.00 ********50.00 ********50.00 ********50.00 ********50.00 ********50.00 ********50.00 ********50.00 ********50.00 ********50.00 ********50.00 ********50.00 *********50.00 ********50.00 ********50.00 ********50.00 ********50.00 ********50.00 *******50.00 ********50.00 ********50.00 *******50.00 *******50.00 *******50.00 *******50.00 ******50.00 ******50.00 ******50.00 ******50.00 ******50.00 ******50.00 ******50.00 ******50.00 ******50.00 ****50.00 *****50.00 *****50.00 *****50.00 *****50.00 ****50.00 *****50.00 *****50.00 ***50.00 ***50.00 ***50.00 ***50.00 ***50.00 ***50.00 ***50.0				City -	•	FL	Zip Cod	e	
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indicated on this report is true and adjourate 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	11. I hereby o	ertify that the information spolied with this	filing does not qualify for the	e exemption sta	ted in Section 119	.07(3)(i), Florida Statutes. I further cer	tify that the ir	nformation	