

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 28, 2001 08:00 AM****Secretary of State****DOCUMENT # L98000001577**1. Entity Name
3510 HOLDINGS, L.C.

Principal Place of Business 4500 BISCAYNE BLVD., #360 MIAMI FL 33137	Mailing Address 4500 BISCAYNE BLVD., #360 MIAMI FL 33137
--	--

2. Principal Place of Business 4500 BISCAYNE BLVD., #350	3. Mailing Address 4500 BISCAYNE BLVD., #350
---	---

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State MIAMI FL	City & State MIAMI FL
--------------------------	--------------------------

Zip 33137	Country	Zip 33137	Country
--------------	---------	--------------	---------

4. FEI Number 65-0866582	Applied For ☐ Not Applicable
------------------------------------	--

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BALZLI MARK DESQ. 407 LINCOLN ROAD, #4-E MIAMI BEACH FL 33139 US	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.

SIGNATURE MARK BALZLI DATE 06/28/2001
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	MGR SCHIEHLE TILDA 767 5TH AVENUE, 50TH FLOOR NEW YORK NY 10153 ☐ 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Tilda Schiehle Mgr 06/28/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)