2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002024

1. Entity Name

APALACHEE AND MAGNOLIA INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
5901 SW 74TH STREET, SUITE 407	5901 SW 74TH STREET, SUITE 407
SOUTH MIAMI FL 33143	SOUTH MIAMI FL 33143-5164

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 65-0868285 APPLIED FOR — Applied For / Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
EMO CORPORATE SERVICES, INC. 100 NE 3RD AVENUE, SUITE 1100 FORT LAUDERDALE FL 33301	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE **MGRM** NAME **COMMEN, LTD** STREET ADDRESS **5901 SW 74TH STREET, SUITE 407** CITY-ST-ZIP **SOUTH MIAMI FL 33143**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **MGRM** NAME **D&M INVESTMENTS GROUP I, INC.** STREET ADDRESS **5201 BLUE LAGOON DRIVE, SUITE 550** CITY-ST-ZIP **MIAMI FL 33126**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP mf 3/2/00 500003161425--3 -03/07/00--01103--021 *****50.00 *****50.00	☐ Change ☐ Addition ☐ 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 REQUIRED_   2/18/00   305 662-8999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #