2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # _ L 98000002714 1. Entity Name The second in				FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
International Investment Properties, L.L.C.				
		·		00 NOV -6 PM 1: 02
Principal Place of Business Mailing Address 3102 Pond Apple Drive W. 13102 Pond Apple Dr.W Naples FL 34119 Naples FL 34119				
2. Principal Place of Business as above		3. Mailing Address as above		-
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
			<u> </u>	4. FFI Number Applied For
City & State		City & State	·	4. FEI Number Applied For 59-3543795 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
Elizabeth A. Zimm				
13102 Pond Apple Drive West			Street Addres	ss (P.O. Box Number is Not Acceptable)
Naple	s FL 34119			
			City	FL Zip Code
8. The above named apply submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
_	Al Albert	′ ()		
SIGNATURE	Signated, typed or printed name of registered agent	and little if applicable: (NOTI	Elizabeth E: Registered Agent signature requ	ured when reinstating) DATE
			OW III. FEE 16\sS0 0 yable to Departmen	
9.	MANAGING MEME	RERS/MEMBERS	I 10.	ADDITIONS/CHANGES
TITLE	Member	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Elizabeth A. Zin		NAME STREET ADDRESS	8000034652489
STREET ADDRESS CITY-ST-ZIP	13102 Pond Apple Naples FL 3411		CITY-ST-ZIP	-11/15/0001119019 *****50_00_******50_00
TITLE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Delete	TITLE '	Change Addition
NAME			NAME STREET ADDRESS	8000034652489
STREET ADDRESS CITY-ST-ZIP	•		CITY-ST-ZIP	-11/15/0001119020 ******5.80 *****5.80
TITLE		☐ Delete	TITLE	Addition
NAME STREET ADDRESS		t.	NAME STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TRTLE		☐ Delete	TITLE NAME	Change Addition
NAME STREET ADDRESS			STREET ADDRESS	
City-St-Zip			CITY-ST-ZIP	<u> </u>
TITLE	· .	Delete	TITLE NAME	☐ Change ☐ Addition
NAME STREET ADDRESS		•	STREET ADDRESS	
CITY-ST-ZIP			CITY+ST-ZIP	<u> </u>
TITLE	,	☐ Delete	TITLE NAME	☐ Change ☐ Addition
NAME STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
11. I hereby indicated	l on this report is true and accurate at	nd that my signature shall have	e the same legal effect as	in Section 119.07(3)(i), Florida Statutes. I further certify that the information is if made under oath; that I am a managing member or manager of the thanter 608. Florida Statutes.

SIGNATURE: SIGNATURE: Elizabeth A. Zimm 10/23/00 (941)593-3739
SIGNATURE: SIGNATURE AND UTPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Deptime Phone #