2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 APR 12 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000394 AF

DOCUMENT # L99000000880

1. Entity Name
R.E. GENERAL INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
9200 S. DADELAND BLVD.. #603 MIAMI FL 33156	9200 S. DADELAND BLVD.. #603 MIAMI FL 33156-2714

DO NOT WRITE IN THIS SPACE

MNM

2. Principal Place of Business	3. Mailing Address
1950 42ND ST. N.W. Suite, Apt. #, etc.	1950 42ND ST. N.W. Suite, Apt. #, etc.
City & State: WINTER HAVEN FL	City & State: WINTER HAVEN FL
Zip: 33881 Country: USA	Zip: 33881 Country: USA

4. FEI Number 65-0895108 ☐ Applied For ☐ Not Applicable

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
CUEVAS, ANDREW ESQ. 9200 S. DADELAND BLVD., SUITE 603 MIAMI FL 33156	Name: MIRTHA VALDES MARTIN, CPA, PA Street Address (P.O. Box Number is Not Acceptable): 120 INTERNATIONAL PARKWAY SUITE 220 City: HEATHROW FL Zip Code: 32746

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] CPA — 4/7/2000
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DE MULATERO, ELDA FERRANDO 9200 S. DADELAND BLVD., #603 MIAMI FL 33156 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MULATERO, RICARDO 9200 S. DADELAND BLVD., #603 MIAMI FL 33156 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MULATERO, WERNER HORNING 9200 S. DADELAND BLVD., #603 MIAMI FL 33156 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700003224215 ☐ Change ☐ Addition -04/26/00--01017--016 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 — 04/07/2000 — President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #