2000 UNIFORM BUSINESS REFORM L99000001278 **DOCUMENT#** 00 MAY 25 PM 12: 38 1. Entity Name THE CAMBRIDGE HOUSE, L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 13200 SW 128TH STREET 13200 SW 128TH STREET SUITE F-1 SUITE F-1 MIAMI FL 33186-5831 MIAM! FL 33186 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 090730 City & State Not Applicable City & State \$5.00 Additional Country 5. Certificate of Status Desired Fee Required Zip Country Zip · · · = ---7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) BUCELO, ARMANDO J JR 1401 PONCE DE LEON BLVD **SUITE 401** Zip Code FL CORAL GABLES FL 33134 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. (NOTE: Registered Agent signature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES 10. MANAGING MEMBERS/MEMBERS Addition . Change 9. TITLE 003289939 MGR -06/14/00--01113--023 TITLE GLOBAL INVESTORS LTD, INC. STREET ADDRESS **50.88 13200 SW 128TH STREET SUITE F-1 *****50.00 STREET ADDRESS CITY- ST-ZIP **MIAMI FL 33186** Addition CITY-ST-ZIP TITLE Deteta TITLE NAME RAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-RT-ZIP TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Addition 🔲 Change CITY-ST-ZIP TITLE Delete TITLE MAME MAME STREET ADDRESS STREET ADDRESS CETY - 81 - 21P Addition (Change CITY- ST- ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP ___ Addition Change CITY- T- ZIP TITLE 🔲 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Figrida 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; the lam 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. CITY-ST-ZIP

SIGNATURE: