CR2E083 (9/01

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 29, 2002 8:00 am DOCUMENT # L9900001330 **Secretary of State** 03-29-2002 90598 014 \*\*\*\*50 00 LIVINGSTON INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 105200 241 BRADLEY PLACE 241 BRADLEY PLACE PALM BEACH FL 33480 PALM BEACH FL 33480 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 City & State City & State 02-5367221 Not Applicable Country \$5.00 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROWN, MARK R ESQ Street Address (P.O. Box Number is Not Acceptable) 241 BRADLEY PLACE PALM BEACH FL 33480 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Addition TITLE ☐ Delete MEM TITLE NAME NAME ENGLISH, CHESTER F STREET ADDRESS STREET ADDRESS 241 BRADLEY PLACE CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Chester F. English 3/18/02 (561) 833-3001 SIGNATURE:

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 acceptate and the 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 for trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE