2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 08:00 AM L99000002849 DOCUMENT # 1. Entity Name **Secretary of State** ATLANTIC VENETIAN, L.C. Principal Place of Business Mailing Address 1688 MERIDIAN AVENUE, SUITE #506 1688 MERIDIAN AVENUE, SUITE #506 MIAMI BEACH MIAMI BEACH FL FL 33139 33139 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0925678 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEDZOW MICHAEL **ESQ** REGISTERED AGENTS OF FLORIDA, LLC Street Address (P.O. Box Number is Not Acceptable) BEDZOW KORN BROWN MILLER & ZEMEL, P.A. 100 SE 2ND STREET 20803 BISCAYNE BLVD., SUITE 200 AVENTURA **SUITE 3500** 33180 US Zip Code City MIAMI 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. LEON J. WOLFE, VP - 04/26/2001 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 9. 10. ADDITIONS/CHANGES Delete TITLE MGR TITLE ☐ Change ☐ Addition NAME BENHAMOU GILBERT NAME STREET ADDRESS 1688 MERIDIAN AVENUE, SUITE #506 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33139 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. Gilbert Benhamou

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

04/26/2001

Daytime Phone #

CR2E083 (11/00)