FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90690 027 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002881

JUUD0666

1. Entity Name
PRINCETON INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
200 S. ORANGE AVE., SUITE 1300 ORLANDO, FL 32801	200 S. ORANGE AVE., SUITE 1300 ORLANDO, FL 32801

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	6458 INTERNATIONAL DR Suite, Apt. #, etc.
City & State	City & State: ORLANDO FL
Zip / Country	Zip: 32819 / Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3578793 ☐ 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
KHANANI, M. OWAIS 200 S. ORANGE AVE., SUITE 1300 ORLANDO, FL 32801	Name: M. HANI KHANANI Street Address (P.O. Box Number is Not Acceptable) 6458 INTERNATIONAL DR City: ORLANDO FL Zip Code: 32819

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4.30.03
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KHANANI, M. SALEEM 200 S. ORANGE AVE., SUITE 1300 ORLANDO, FL 32801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KHANANI, M. OWAIS 200 S. ORANGE AVE., SUITE 1300 ORLANDO, FL 32801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM KHANANI, M. HANI 200 S. ORANGE AVE., SUITE 1300 ORLANDO, FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (10/02)

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] 4-30-03 407 352-6780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #