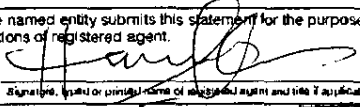


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90690 027 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L99000002881			
1. Entity Name PRINCETON INVESTMENTS, L.L.C.			
Principal Place of Business 200 S. ORANGE AVE., SUITE 1300 ORLANDO, FL 32801		Mailing Address 200 S. ORANGE AVE., SUITE 1300 ORLANDO, FL 32801	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6458 INTERNATIONAL DR Suite, Apt. #, etc.	
City & State		City & State ORLANDO FL	
Zip	Country	Zip	Country
32819	USA	32819	USA
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 KHANANI, M. OWAIS 200 S. ORANGE AVE., SUITE 1300 ORLANDO, FL 32801		7. Name and Address of New Registered Agent Name M. HANI KHANANI Street Address (P.O. Box Number is Not Acceptable) 6458 INTERNATIONAL DR City ORLANDO FL 32819	
B. 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  DATE 4-30-03 (NOTE: Registered Agent's signature required when resigning)			
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:  DATE 4-30-03 DAYTIME PHONE # 407 352-6780 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING-MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

JUUB0666



☒ CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)