

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 23, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000003346****1. Entity Name**
ATLANTIC FINANCIAL GROUP INTERNATIONAL L.L.C.

| | |
|---|---|
| Principal Place of Business 19495 BISCAYNE BLVD #708 N. MIAMI BEACH FL 33181 | Mailing Address 19495 BISCAYNE BLVD #708 N. MIAMI BEACH FL 33181 |
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| 2. Principal Place of Business 19495 BISCAYNE BLVD Suite, Apt. #, etc. 708 | 3. Mailing Address 19495 BISCAYNE BLVD Suite, Apt. #, etc. 708 |
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|--|--|
| City & State AVENTURA FL | City & State AVENTURA FL |
| Zip 33180 | Country |

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|------------------------------------|---|
| 4. FEI Number 65-0928562 | Applied For <input type="checkbox"/> Not Applicable |
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|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|--|---------------------------------------|

DO NOT WRITE IN THIS SPACE

| | | | | |
|---|---|-----------------------------|---|---|
| 6. Name and Address of Current Registered Agent CHAN SLEND C 19495 BISCAYNE BLVD #708 N MIAMI BEACH FL 33181 US | 7. Name and Address of New Registered Agent <table border="1"><tr><td>Name CHAN SLEND C</td></tr><tr><td>Street Address (P.O. Box Number is Not Acceptable) 19495 BISCAYNE BLVD 708</td></tr><tr><td>City AVENTURA FL Zip Code 33180</td></tr></table> | Name CHAN SLEND C | Street Address (P.O. Box Number is Not Acceptable) 19495 BISCAYNE BLVD 708 | City AVENTURA FL Zip Code 33180 |
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| Street Address (P.O. Box Number is Not Acceptable) 19495 BISCAYNE BLVD 708 | | | | |
| City AVENTURA FL Zip Code 33180 | | | | |

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 SLEND C. CHAN****02/23/2001**

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 Department of State

| 9. MANAGING MEMBERS / MEMBERS | | 10. ADDITIONS / CHANGES | | | | | | | |
|--|--|--|--|--|---|---|--|--|--|
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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: SLEND C. CHAN****MGRM 02/23/2001**

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

Date

Daytime Phone #

CR2E083 (11/00)