

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000006118**1. Entity Name
BULLEN INVESTMENTS LLC

Principal Place of Business	Mailing Address
941 4TH STREET, STE #200M	941 4TH STREET, STE #200M
MIAMI BEACH FL 33139	MIAMI BEACH FL 33139

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number	Applied For
	☒ Not Applicable
5. Certificate of Status Desired	☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATE CREATIONS ENTERPRISES INC. 941 FOURTH STREET #200 MIAMI BEACH FL 33139 US	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE **04/24/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EATON CHRISTOPHER P TROLLABY HOUSE, TROLLABY LANE UNION MILLS IM4AW ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EATON CHRISTOPHER PMR TROLLABY HOUSE, TROLLABY LANE UNION MILLS, ISLE OF MAN UK IM44W ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOUISE-CREBER CHRISTIANNE H LITTLE ROCQUES FLAT ROCQUES DE ST CLAIR CHANNEL ISLAND ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETERS SAMANTHA MS LA PETITE VALLETTE, SARK CHANNEL ISLANDS UK ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREER-DONNELLY JOHN T RUE DU MOULIN, SARK CHANNEL ISLAND ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DONNELLY JOHN TREVOR GMR RUE DU MOULIN, SARK CHANNEL ISLANDS UK ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
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: **SAMANTHA PETERS** MGR 04/24/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)