## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # L99000006125 1. Entity Name 00 FEB -4 AMII: 16 TRANTER ENTERPRISES LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 941 4TH STREET, STE #200M 941 4TH STREET, STE #200M MIAMI BEACH FL 33139 MIAMI BEACH FL 33139-6816 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 Country Ζiρ 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 Name CORPORATE CREATIONS ENTERPRISES INC Street Address (P.O. Box Number is Not Acceptable) 941 FOURTH STREET #200 MIAMI BEACH FL 33139 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 9. 10. TITLE MGR TITLE Addition | Delete John Trevor Greer Donnelly RAME GREER-DONNELLY, JOHN T KAME Rue du Moulin STREET ADDRESS 941 4TH STREET, STE #200M STREET ADDRESS CITY-81-ZIP CITY-ST-ZIP MIAMI BEACH FL Channel Islands TITLE Delute Change NAME NAME Christianne Helena Louise Creber LOUISE-CREBER, CHRISTIANNE H STREET ADDRESS 941 4TH STREET, STE #200M STREET ADDRESS Little Rocques Flat, Rocques de St Clair, Rue des Pointes Rocques CITY-ST: ZIP MIAMI-BEACH-FL .... CITY- \$T- ZIP Delancey, St Sampsons, Guernsey GY2 4HN, Channel Islands TITLE Deleta TEELF Change Christopher Peter Eaton NAME NAME EATON, CHRISTOPHER P Trollaby House, Trollaby Lane, STREET ADDRESS STREET ADDRESS 941 4TH STREET, STE #200M Union Mills IM4 4AW, Isle of Man, U.K. CITY- ST- ZIP CITY- ST- 71P MIAMI BEACH FL Addition TITLE Delete TITLE Change MAME NAME 200003128872-STREET ADDRESS STREET ADDRERS -<u>0</u>2/0**3/**00--01016--020 CITY- \$1-ZIP CITY-ST-ZIF \*\*\*<del>\*</del>\*50.00 TITLE ☐ Deleta TITLE Change : Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-87-ZIP CITY- ST- ZIP Delete JITLE TITLE ☐ Change Addition . NAME NAME STREET ADDRESS STREET ADDRESS QUY-ST-ZIP CITY-81-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE:

JTG DONNELLY 18/01/00