LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007486

FILED May 12, 2002 8:00 am Secretary of State

05-12-2002 90587 039 ****50.00

1. Entity Name SANTA FE INVESTMENT GROUP, LLC DO NOT WRITE IN THIS SPACE 957762 2. Principal Place of Business 3. Mailing Address 8601 S.W. 129TH TERR 8601 S.W. 129TH TERR. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number MIAMI, Applied For MIAMI, 65-1003826 Not Applicable Country Zip Country \$5.00 Additional 33156 5. Certificate of Status Desired USA 33156 USA Fee Required ---7. Name and Address of Current Registered Agent DWECK, LUZ S. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE City MIAMI Zip Code 33156 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 Signature, typed or printed name of registered agent and title if applicable DATE FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS TITLE MGRM TITLE DWECK, LUZ S. NAME STREET ADDRESS 8601 S.W. 129TH TERR. STREET ADDRESS CITY-ST-7IP MIAMI, FL CITY-ST-ZIP 33156 TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-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: SIGNATURE AND TYPED OF BOILT

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1 4/20/02

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Daytime Phone #