2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUN 23 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000008 AF

DOCUMENT # L99000007638

1. Entity Name

~~EFS/EMPIRE INVESTMENTS, L.L.C.~~
EFS/EHI INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
612 S.E. 5TH AVENUE FT. LAUDERDALE FL 33301	612 S.E. 5TH AVENUE FT. LAUDERDALE FL 33301-3142

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: #4	Suite, Apt. #, etc.: #4
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0965958 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DANIELS, NICHOLAS M ESQ. SUNTRUST INTERNATIONAL CENTER ONE S.E. 3RD AVENUE, SUITE 2400 MIAMI FL 33131	Name: JAMES D. EVANS Street Address (P.O. Box Number is Not Acceptable): 612 SE 5 AVE #4 City: Ft. Lauderdale FL Zip Code: 33301

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 X [signature] JAMES D. EVANS 4/28/00
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

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-06/06/00--01006--001
***2225.00 *****55.00

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~MGR~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JAMES D. EVANS 612 SE 5 AVE #4 Ft Lauderdale, FL 33301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HARRIETTE MOORE 612 S.E 5 AVE #4 Ft Lauderdale, FL 33301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR NICHOLAS AMARO 612 SE 5 AVE #4 Ft. Lauderdale, FL 33301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR HIRAM COLLAZO 3518 NW 36 St MIAMI, FL. 33142	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FF $50	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CUS 5.00	☐ 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: X ~~SIGNATURE REQUIRED~~ JAMES D EVANS 4/28/00 954-522-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

(666) 380-1510