FILED
May 23, 2003 8:00 am
Secretary of State
05-23-2003 90046 013 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

10105838

DOCUMENT # M01000002610

1. Entity Name
DRAGON INVESTMENTS, LLC

Principal Place of Business	Mailing Address
255 SOUTH ORANGE AVENUE, 17TH FLOOR ORLANDO, FL 32801	P.O. BOX 353143 PALM COAST, FL 32135

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		1697 S. Gay Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Apt. 201-B	
City & State		City & State Panama City, FL	
Zip	Country	Zip 32404	Country U.S.

4. FEI Number 59-3722272 ☐ 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
AMERICAN INFORMATION SERVICES, INC. 255 SOUTH ORANGE AVENUE, 17TH FLOOR ORLANDO, FL 32801	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUCAS, IAN A PO BOX 353143 PALM COAST, FL 321353314	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: Ian Lucas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)