

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0015209 AF

DOCUMENT # M99000001738

1. Entity Name
IRWIN INVESTMENTS LLC

00 MAY 22 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
255 SOUTH OLD WOODWARD AVENUE, THIRD FLOOR 255 SOUTH OLD WOODWARD AVENUE, THIRD FLOOR
BIRMINGHAM MI 48009 BIRMINGHAM MI 48009-6182



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 80401 OLD HWY		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ISLAMORADA FL		City & State	
Zip 33036	Country USA	Zip	Country
4. FEI Number 38-3448332		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BERNARDIN, JAMES I JR. 80401 OLD HIGHWAY ISLAMORADA FL 33036		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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	MEMBER JAMES I. BERNARDIN, JR. 80411 OLD HWY ISLAMORADA, FLORIDA 33036	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAMES I. BERNARDIN JR. 80411 OLD HWY ISLAMORADA, FL 33036	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER JAMES I. BERNARDIN MARION MATCHAMBE #309 ISLAMORADA, FLORIDA 33036	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900003287619--6 -06/13/00--01086--007 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: James I. Bernardin REQUIRED 4/25 305-664-4343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #