2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 12, 2003 8:00 am Secretary of State 03-12-2003 90090 035 ***150.00

Caliby Name	IENT # P01000080 LINVESTMENTS, INC.	6 582		
Principal Place of Business 2790 N FEDERAL HIGHWAY SUITE 400 BOCA RATON, FL 33431-7784 US		Mailing Address 2790 N FEDERAL HIGHWAY SUITE 400 BOCA RATON, FL 33431-7784 US		
2. Principal Place of Business		3. Mailing Address Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
Suite, Apt. #, etc.		City & State		4. FEI Number Applied For
City & State		· ·	Country	65-1134927 Not Applicable \$8.75 Additional
Zip	Country	Zip		Certificate of Status Desired
	5. Name and Address of Curr	ent Registered Agent	Name	7. Italia and more an income
BOGDANOFF, RICHARD M 2790 N FEDERAL HIGHWAY SUITE 400			Street Addr	ess (P.O. Box Number is Not Acceptable)
BOCA RATO	IN, FL 33431-7784		City	FL Zip Code
			1 *	gistered agent, or both, in the State of Florida. I am familiar with, and accept
the obligate	named entity submits this state ine ons of registered agent. Signature, typical or primed name of segistered.		TE: Rouge to that Agent a synature	
	Spania, vjeda pri JE NOWIII : EEË IS \$150.00 May 1 : 2003 Fee will 6s \$556 Payable to Florida Departm	00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
1000		AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
_	PD BOGDANOFF, RICHARD M 2790 N. FEDERAL HIGHWA	☐ Defete Y, STE. 400	TISLE NAME STREET ADDRESS CITY-ST-21P	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	BOCA RATON, FL 3343177	Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZP		☐ Delete	CRY-ST-ZIP TRLE NAME	Change Addition
NAME STREET ADDRESS CITY-ST-ZP	• .	and the same of th	STREET ADDRESS TOTAL CITY - ST - ZIP	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CRIY-ST-21P	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS		☐ Delete	TITLE HAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-2P TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZP		ed with this filling does not qualify	r for the exemption state at my signature shall ha	ed in Section 119.07(3Xi), Florida Statutes. I further certify that the information ve the same legal effect as if made under oath; that I am an officer or director leter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

of the corporation of the receiver of the state of the st

SIGNATURE: SIGNATURE AND TYPED OR PRIMED NAME OF BIGNING OFFICER OR DIRECTOR

(561) 394-6191