2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 22, 2002 8:00 am § Secretary of State DOCUMENT # P98000008930 1. Entity Name LDF REAL PROPERTY INVESTMENTS, INC. 03-22-2002 90036 047 ***158.75 Principal Place of Business Mailing Address 2601 SOUTH BAYSHORE DRIVE., SUITE 300-A ONE GREENWAY PLAZA MIAMI FL 33133-5413 SUITE 850 HOUSTON TX 77046-0196 3. Mailing Address 2. Principal Place of Business 637 DESTACASA AVENUE DESTACADA AVENUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FÉI Number Applied For 65-0821482 CRAL GABLES Not Applicable \$8.75 Additional_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRIEDMAN, DAVID A 2601 SOUTH BAYSHORE DRIVE., SUITE 300-A MIAMI FL_33133-5413 8. The above named entity submits this statement of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (10/6) TITLE ☐ Delete TITLE FRIEDMAN, DAVID NAME FRIEDMAN, DAVID A NAME 637 DESTACADA STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE., SUITE 300-A STREET ADDRESS MIAMI FL 33133-5413 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE TITLE □ Delete NAME NAME FRIEDMAN, DAVID A STREET ADDRESS STREET ADDRESS 2601 SOUTH BAYSHORE DRIVE., SUITE 300-A .CITY-ST-ZIP. CITY-ST-ZIP MIAMI:FL: 33133-5413= ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ■ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify indicated on this report or supplemental report is true and accurate and that the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath that I am an officer or director eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all

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