FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jan 17, 2002 8:00 am Secretary of State DOCUMENT # L0000000251 01-17-2002 90011 048 ****50.00 PALMETTO CAPITAL FUND L.C. Mailing Address Principal Place of Business 900 N FEDERAL HWY 3845 WINDMILL LAKES RD WESTON FL 33332 #160 **BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0969229 Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRASSANO, N. RICHARD Street Address (P.O. Box Number is Not Acceptable) 900 N FEDERAL HWY #160 **BOCA RATON FL 33432** Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 10. ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. Change ☐ Addition TITLE MGR¹ Delete TITLE NAME NAME MELEIS, HANAFY STREET ADDRESS STREET ADDRESS 3845 WINDMILL LAKES RD CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33332 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED AND OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTAT

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

1/14/02

954-328-6505

☐ Addition

Daytime Phone #

Change