2002 UNIFORM BUSINESS REPORT (UBR)

indicated on this report is true and accurate and that my signature shimited liability company or the receiver or trustee empowered to be a signature.

Feb 19, 2002 8:00 am Secretary of State DOCUMENT # L0000014889 02-19-2002 90063 020 ****55.00 RCL DEVELOPMENT, LLC Mailing Address Principal Place of Business 5099 NORTH A1A, SUITE A 5099 NORTH A1A. SUITE A VERO BEACH FL 32963 VERO BEACH FL 32963 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0165718 Not Applicable Country \$5.00 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent - 6. Name and Address of Current Registered Agent Name BARKETT, BRUCE ESQ. Street Address (P.O. Box Number is Not Acceptable) COLLINS, BROWN, CALDWELL, BARKETT & GARVAG 756 BEACHLAND BOULEVARD VERO BEACH FL 32963 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES 10. MANAGING MEMBERS/MANAGERS 9. Addition ☐ Change MEM ☐ Delete TITLE TITLE LYLES, ROBERT C NAME NAME STREET ADDRESS 185 EGRET LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Addition Change MEM Delete TITLE TITLE NAME AMES, CHARLES NAME STREET ADDRESS STREET ADDRESS 20 WAXMYRTLE WAY CITY-ST-7IP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Addition - 🔲 Change MEM---- -- -- --Delete - ~ TITLE ~ TITLE SEGALAS, HERCULES NAME NAME 10625 WITTINGTON AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE, NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ify fer the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 11. I hereby certify that the information supplied with this filing does not

have the same legal effect as if made under oath; that I am a managing member or manager of the this report as required by Chapter 608, Florida Statutes.

FILED