FILED

2003 LIMITED LIABILITY COMPANY

May 01, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L0100007400 05-01-2003 90272 007 ****50.00 1. Entity Name 3661 INTERSTATE PARK, L.L.C. Principal Place of Business Mailing Address 4600 E. PARK DRIVE 4600 E. PARK DRIVE STE 201 STE 201 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address 3950 BCA LCA BIVOL 3950 Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES SOOO 8 State Beach Gardens R City & State 4. FEI Number Applied For 65-1106165 Ħ Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent John GREY, JOHN W III Number is Not Acceptable) Street Address (P.O. 701 US HWY ONE **STE 402** NORTH PALM BEACH FL 33408 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. I am familiar with, and accept the obligations of registered agent-SIGNATURE inted 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 Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES merm MGRM TITLE □ Addition ☐ Detete Bills, John C. 3950 PCA Blvd #5000 BILLS, JOHN C NAME NAME 4600 E. PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Palm Beach Gardens PALM BEACH GARDENS FL 33410 MGRM TITLE Delete TITLE MGRM Bills, Virginia K. **BILLS, VIRGINIA K** NAME 5 NAME 3950 PCA Blvd #5000 STREET ADDRESS 4600 E. PARK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 Beach Gardens TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Defete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information exposed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turther 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 empowers the execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE