FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jun 26, 2002 8:00 am Secretary of State DOCUMENT # L01000017915 05-20-2002 90257 004 ****55.00 1. Entity Name 9781 E BAY HARBOR DRIVE, LLC Principal Place of Business Mailing Address 95010 9781 E BAY HARBOR DRIVE 9781 E-BAY HARBOR DRIVE BAY-HARBOR ISLAND FL 33154 BAY HARBOR ISLAND FL 33154 2. Principal Place of Business 3. Mailing Address 2742 Biscaume Block Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number Not Applicable Zip \$5.00 Additional Country 33 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRISALES & ALFANO, LLC Street Address (P.O. Box Number is Not Acceptable) -891-BRICKELL AVE. SUITE 220-BAICKELL MIAMI FL 33131 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 Signature, typed or printed name of registered agent and title if applicable DATE (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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. Managing Himbers Delete 9781 E Bay Harbor Dive I LLC 9/01 TITLE ☐ Change Addition TITLE NAME NAME CP2E083 1001 Brickell Bay Dr #2600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Bay Drive Development I. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Member TITIF ☐ Change Addition TITLE MAME NAME 1001 Brichell Bun De STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete Day Brive Development IX, Corp NAME 1001 Brichell Bay Dr #26.0 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Managing Mamber | 11 Boy Prive Davelopment & Corp 1001 Brichell Bay Dr #2000 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MiAMI PC , 33/31 CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change 1/2 - -NAME 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.

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