2003 LIMITED LIABILITY COMPANY

SIGNATURE:

Secretary of State UNIFORM BUSINESS REPORT (UBR) 05-05-2003 91809 048 ****50.00 DOCUMENT # L02000002784 PARADISE COAST, L.L.C. Principal Place of Business Mailing Address 44003180 433 CAPE SAN BLAS ROAD 433 CAPE SAN BLAS ROAD PORT ST. JOE FL 32456 PORT ST. JOE FL 32456 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 80-0036043 Not Applicable Zip Country \$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 RISH, GIBSON & SCHOLZ-P.A. Street Address (P.O. Box Number is Not Acceptable) 208 E. 4TH STREET PORT ST. JOE FL 32456 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 893-31-3 v Make Check Payable to Florida Department of State Figure violetit Due By May 1, 2003 V 7755 9. -MANAGING MEMBERS / MANAGERS' 400 " 10. ADDITIONS/CHANGES MGRM TITLE 2. -5% TITLE (U.S.) Change CR2E083 (10/02 Detete CROW, CHIP Crow, Chip 120 BARBARA NAME TO STATE NAME 1409 WESTHEAVEN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZP TALLAHASSEE FL 32310 Port SI Tre FL 32456 MGRM ☐ Delete TITLE FR Chance ☐ Addition TITLE Crow, Debook A 120 BAKBARA CROW, DEBORAH A NAME NAME STREET ADORESS 1409 WESTHEAVEN DRIVE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32310 CITY-ST-ZIP Purt St Jee. FL 32456 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP, ... CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME 54 34 G-3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP THE DESCRIPTION CITY: ST-ZIP ED AR. Da Change Addition NAMES 15 50 NAME STREET ADORESS STREET ADDRESS Failth Clien estable. 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.

FILED Jun 02, 2003 8:00 am

850-227-2000