2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State DOCUMENT # L9900000322 1. Entity Name 04-16-2002 90072 024 ****50.00 HG BEAUFORT LAND, L.C. Principal Place of Business Mailing Address 2300 N.W. CORPORATE BLVD., STE 222 2300 N.W. CORPORATE BLVD., STE 222 **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0892870 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent EPSTEIN, WILLIAM L Street Address (P.O. Box Number is Not Acceptable) 2300 N.W. CORPORATE BLVD., STE 222 **BOCA RATON FL 33431** 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. 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 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME GIMELSTOB, HERBERT NAME STREET ADDRESS STREET ADDRESS 4330 LIVE OAK BLVD. CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33445** TITLE MGR ☐ Delete TITLE ☐ Change Addition NAME GIMELSTOB, ELAINE NAME STREET ADDRESS 4330 LIVE OAK BLVD. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DELRAY BEACH FL 33445 MGR TITLE Delete - - -☐ Change ☐ Addition NAME HOPIN, MARC D NAME STREET ADDRESS 2196 NW 59TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33496 TITLE : MGR ☐ Delete TITLE Change ☐ Addition NAME EPSTEIN, WILLIAM L NAME STREET ADDRESS **6513 NW 78TH DRIVE** STREET ADDRESS CITY-ST-ZIP PARKLAND FL 33067 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

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