2002 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2002 8:00 am Secretary of State DOCUMENT # L9900002732 01-24-2002 90355 011 ****55.00 HALCYON HILLS L.L.C. Principal Place of Business Mailing Address 95 FOREST AVENUE 95 FOREST AVENUE LOCUST VALLEY NY 11560 909890 LOCUST VALLEY NY 11560 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 59-3593268 Not Applicable Zip Country 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 GRANET, LLOYD Street Address (P.O. Box Number is Not Acceptable) 1900 N.W. CORPORATE BLVD., SUITE 100 **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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50,00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE TITLE Delete ☐ Change ☐ Addition NAME CASTRO, BERNADETTE NAME STREET ADDRESS 95 FOREST AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOCUST VALLEY NY 11560 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 eport as required by Chapter 608, Florida Statutes.

SIGNATURE:

FILED