2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # L99000005023 1. Entity Name 00 APR 30 AMII: 27 MYSTIC PORTE, LLC SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 3275 HWY 30A 3275 HWY 30A SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459 Mailing Address 2. Principal Place of Business 37 LOGAN LOGAN JA NE Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 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 KRAEMER, MARY K Street Address (P.O. Fox) imber is Not Acceptable) 3275 HWY 30A SANTA ROSA BEACH FL 32459 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) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 9. Change ☐ Addition Delete TITLE MILE MGRM NAME MAME PORTE, A.J. STREET ADDRESS STREET ANDRESS 3275 HWY 30A CITY-ST-ZIP SANTA ROSA BEACH FL 32459 CITY- ST- ZIP Addition Change Delete TITLE TITLE MGRM MAME HAME PORTE, CYNTHIA 200003256142---05/17/00--01081--022 STREET ADDRESS STREET ADDRESS 3275 HWY 30A CITY-8T-ZEP CITY- 2T- 7IP SANTA ROSA BEACH FL-32459 Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-81-ZIP CITY-ST-ZD ☐ Change Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE MARKE BAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Change TITLE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY- 27-71P 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 eath; that I am a managing member or manager of the limited liability company or the receiver or trustee engoweled to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

APPROVED