2000 UNIFORM BUSINESS REPORT (UBR)

M98000001176 DOCUMENT # 00 MAY -4 PM 12: 10 1. Entity Name FLORIDA MARLINS BASEBALL CLUB, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address PRO PLAYER STADIUM PRO PLAYER STADIUM 2267 NW 199TH STREET 2267 NW 199TH STREET MIAMI FL 33056 MIAMI FL 33056-2600 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 22-3615218 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MEMBERS 10. ■ Addition **MGRM** Change TITI F TITLE Delete F.M.B.C. I, L.L.C. NAME RIME 301 YAMATO ROAD, SUITE #2200 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIP CITY-ST-7IP Change neithby [TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST. 719 Change ☐ Addition □ Detete TITLE MAME STREET ADDRESS 05/30/00--01010--016 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 米米米米多50.00 TITLE Delate TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Change Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-81-ZIP CITY- 2T- 71P Addition Change TITLE ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS C1TY - 8T- 7(P CITY- 87- 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:

APPROVEU

SIGNATURE AND TY