FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State DOCUMENT # L01000007113 05-22-2002 90273 042 ****50.00 **G&K MANAGEMENT GROUP, LLC** Principal Place of Business Mailing Address 501403 9055 IBIS BLVD. 9055 IBIS BLVD. WEST PALM BEACH FL 33412 WEST PALM BEACH FL 33412 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable <u>52-2317591</u> \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent - c 3 <u>George G.</u> Speer **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVE. **SUITE 1100** 9055 Ibis Blvd ORLANDO FL 32801 City West Palm Beach Zip Code 33412 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 George G. Speer, CFO (NOTE: Registered Agent signature required when reinstating) SIGNATURE ne of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Addition TITLE ☐ Change ☐ Delete Kitson, Sydney NAME NAME STREET ADDRESS 9055 Ibis Blvd STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP West Palm Beach, FL 33412 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME Leeder, Mike NAME STREET ADDRESS STREET ADDRESS 9055 Ibis Blvd CITY-ST-ZIP CITY-ST-ZIP West Palm Beach, FL 33412 Delete ☐ Change ¹☐ Addition TITLE TITLE NAME NAME Speer, George G. STREET ADDRESS STREET ADDRESS 9055 Ibis Blvd CITY-ST-ZIP CITY-ST-ZIP West Palm Beach, FL 33412 ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: SIGNATURE: SIGNATURE REQUIRED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #

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 trugtee empowered to execute this report as required by Chapter 608, Florida Statutes.