2000 UNIFORM BUSINESS REPORT (UBR) A96000001662 DOCUMENT# 1. Entity Name FILED WRH ROYAL, LTD. 00 MAR 20 AM 9: 53 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 100 SECOND AVENUE SOUTH. SUITE 904 100 SECOND AVENUE SOUTH, SUITE 904 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701-4337 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3407602 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GERMAIN, BONNIE Street Address (P.O. Box Number is Not Acceptable) 100 SECOND AVENUE SOUTH, SUITE 904 ST. PETERSBURG FL 33701 Zip Code City 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.) - 7/2/20 istered agent and title if applicable Signature, typed or printed rame (NOTE: Registered Agent signature required when reinstating) 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. 5 as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. CR2E003 (9/99 P93000036337 DOCUMENT# STREET ADDRESS WRH PROPERTIES, INC. NAME 100 SECOND AVENUE SOUTH, SUITE 904 STREET ADDRESS 0000003178150-CITY-ST-ZIP ST. PETERSBURG FL 33701 CITY+ST-ZIP 03/21/00--01092--009 ****S26.25 DOCUMENT# ****526.25 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CNY-ST-ZIP JOCUMENT 4 STREET ADDRESS NAME STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

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SIGNATURE:

727/825-7700