FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 20, 2001 8:00 am DOCUMENT # F9900005203 **Secretary of State** 1. Entity Name 03-20-2001 90002 002 ***150.00 FAIRFIELD LAKES PARTNERS, INC. Mailing Address Principal Place of Business 730 North Dean Road, Suite 200 730 NORTH DEAN ROAD. SUITE 200 934595 AUBURN AL 36830 AUBURN AL 36830 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 65-1232399 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HIOTT, HUGH Street Address (P.O. Box Number is Not Acceptable) 205 EAST INTENDENCIA PENSACOLA FL 32501 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE CP □ Delete TITLE ☐ Change ☐ Addition NAME NAME HILL, MILES JR. STREET ADDRESS STREET ADDRESS 730 NORTH DEAN ROAD, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP AUBURN AL 36830 TITLE VST ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME BENNETT, FRED STREET ADDRESS STREET ADDRESS 730 NORTH DEAN ROAD, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP AUBURN AL 36830 TITLE ☐ Delete TITLE □ Change Addition NAME 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 ☐ Change TITLE ☐ Delete TITLE ☐ 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 13. 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 turther certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

WEN STANDER FREN BENNETT, SEZ. 63/13/DI 334-502-4105