FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am[§] Secretary of State DOCUMENT # L0000001054 1. Entity Name 05-22-2002 90253 006 ****50.00 CEA SEAPORT INVESTORS, LLC Principal Place of Business Mailing Address 101 EAST KENNEDY BLVD., STE. 3300 101 EAST KENNEDY BLVD., STE. 3300 TAMPA FL 33802 TAMPA FL 33602 967545 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 59-3620594 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JUNG, MING G Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BLVD., STE. 3300 **TAMPA FL 33602** 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) 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. **MGRM** TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME CARDY, TOM STREET ADDRESS STREET ADDRESS 101 E KENNEDY BLVD., SUITE 3300 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** ☐ Delete TITLE ☐ Change ☐ Addition TITLE MGR NAME NAME JUNG, MING STREET ADDRESS STREET ADDRESS 101 E KENNEDY BLVD., SUITE 3300 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 MGR ☐ Delete TITI F TITLE Change ☐ Addition BURNS, DAVID A NAME NAME STREET ADDRESS STREET ADDRESS 101 E KENNEDY BLVD., SUITE 3300 CITY-ST-7IP CITY-ST-7IP **TAMPA FL 33602** TITLE ☐ Addition TITLE ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition

11. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

☐ Addition