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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # L0000001644 1. Entity Name
NEW SINGELTARY LLC 700019323787 05/19/03--01080--001 \*\*5**0**.00 Principal Place of Business Mailing Address 1101 30TH STREET, NW. 1101 30TH STREET, NW. FOURTH FLOOR WASHINGTON, DC 20007 WASHINGTON, DC 20007 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 52-2265997 Not Applicable Country \$5.00 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CIT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Gode 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Synamo, typod or printed name of explaneed eyent and title if applicable. (NOTE: Registered Agents ignature required when reinstating FILE NOWIII FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. MGR Addition TITLE ☐ Delete 111 F □ Change BRADENTON VILLAGE INC NAME NAME 1101 30TH STREET, NW, FOURTH FLOOR STREET ADDRESS STREET ADDRESS WASHINGTON, DC 20007 CITY-ST-ZIP CITY-ST-2IP TITLE Delete TITLE Addition NAME HAJAE STREET ADDRESS STREET ADDRESS City-st-ZIP CITY-ST-ZIP 11112 HILE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY -ST-ZIP 加止 ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CAY-ST-ZIP CITY-ST-ZIP TITLE □ Delete 1(1) F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CAY-ST-ZIP CITY ST- DP TITLE Delete TITLE Change Addition NAME STREET ADDRES STREET ADDRESS CHY-ST-ZIP CITY -ST-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. Ass t See 4. Braventon village, he. WYL Manager
NG MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE