2002 UNIFORM BUSINESS REPORT (UBR)

May 07, 2002 8:00 am § Secretary of State DOCUMENT # L0000001902 05-07-2002 90373 037 ****50.00 CAPE CANAVERAL TRAILER VILLAGE, LLC Principal Place of Business Mailing Address **B515 N ATLANTIC AVENUE** 8515 N ATLANTIC AVENUE 955314 CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920 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 59-3624509 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCABAROZI, PLUTARCO A Street Address (P.O. Box Number is Not Acceptable) 8515 N ATLANTIC AVENUE CAPE CANAVERAL FL 32920 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 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE . TITLE ☐ Addition Delete ☐ Change SCABAROZI, ALICE B NAME NAME STREET ADDRESS 8515 N ATLANTIC AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CANAVERAL FL 32920 TITLE ☐ Delete TITLE ☐ Addition Change 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-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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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.

CITY-ST-7IP