CR2E083 (9/01

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2002 8:00 am Secretary of State DOCUMENT # L0000002481 1. Entity Name 04-03-2002 90017 021 ****50.00 PARCEL F. LLG-Principal Place of Business Mailing Address 1551 FORUM PLACE, STE 100 1551 FORUM PLACE, STE 100 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1008022 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROCK, ANDREW Street Address (P.O. Box Number is Not Acceptable) 1551 FORUM PLACE, STE 100 WEST PALM BEACH FL 33401 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) DATE FILE NOW!!! FEE (\$ \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR ☐ Addition TITLE Delete TITLE ☐ Change BROCK, ANDREW NAME NAME STREET ADDRESS 1551 FORUM PLACE, STE 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 MGR ☐ Delete TITLE TITLE ☐ Change Addition BROCK, PETER NAME NAME STREET ADDRESS STREET ADDRESS 1551 FORUM PLACE, STE 100 CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP MGR TITLE Change ☐ Addition TITLE Delete PRESTON, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 2401 PGA BLVD., STE. 280 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete TITLE ☐ Change ☐ Addition TITLE BERNICK, LAURENCE NAME NAME STREET ADDRESS STREET ADDRESS 2401 PGA BLVD., STE. 280 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE: IGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

nature shall have the same legal effect as if made under oath; that I am a managing member or manager of the edge to execute this report as required by Chapter 608, Florida Statutes.

11. I hereby certify that the information supplied wit

indicated on this report is true and accurate a limited liability company or the receiver or