$\mathsf{APPROVE}_{\mathbb{Z}}$

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000002530 1. Entity Name 01 APR 23 AM 9: 48 OATES MANAGEMENT, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 1766 ENSENADA SIETE 1766 ENSENADA SIETE PENSACOLA BEACH FL 32561 PENSACOLA BEACH FL 32561 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3644328 Not Applicable Country \$5.00 Additional Zip Country Zip Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OATES, ARTHUR ROYCE Street Address (P.O. Box Number is Not Acceptable) 1766 ENSENADA SIETE PENSACOLA BEACH FL 32561 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 0041343Ehange - - definion ☐ Delete MGR TITLE 05/03/01--01116--019 NAME OATES, ARTHUR ROYCE NAME *****50.00 *****50.00 1766 ENSENADA SIETE STREET ADDRESS STREET ADDRESS PENSACOLA BEACH FL 32561 CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITI F Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Change -- Addition ☐ Delete TÎTLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-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.

GNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHOR

RESENTATIVE

pril 13, 200

Daytime Phone #