2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # L00000002590 01 AUG 24 PM 12: 17 1. Entity Name James S. Mulholland, Jr., L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1100 Beach Road, Apt. 3K 1100 Beach Road, Apt. 3K Vero Beach, FL 32963 Vero Beach, FL 32963 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 089-16-5073 Not Applicable Country Zip Country \$5.00 Additional Fee Required 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Patricia F. Cherry, c/o Johns Island Valdes-Fauli Corporate Services, Inc. Property Owners Association Street Address (P.O. Box Number is Not Acceptable) One Turtle Beach Road 777 South Flagler Dr., Suite 500 E. West Palm Beach, FL 33401 Vero Beach 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. 8/0/61 SIGNATURE BERTHENOWING HERSESUND Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 9. 10. TITLE Member TITLE Change Addition Mulholland, James. S., Jr. 1100 Beach Road, Apt. 3K NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Vero Beach, FL 32963 TITLE ☐ Change ☐ Addition TILE Delete NAME NAME 300004562563-1-01088-009 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP 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. 201-664-2148

ER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: