2001 UNIFORM BUSINESS REP (UBR)

DOCUMENT # L00000005973

1. Entity Name

Hobe Sound Properties, LLC

FILED

01 MAY 18 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
7000 SE Federal Hwy Suite 310 Stuart, FL 34997	P.O. Box 632 Hobe Sound, FL 33475

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1068091 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Barry M. DEETS, ESQ (New Address) →	Name Street Address (P.O. Box Number is Not Acceptable) 7000 SE Federal Hwy Suite 310 City Stuart FL Zip Code 34997

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 Barry M Deets 4/30/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deets, Barry M. (New Address) →	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.O. Box 632 Hobe Sound, FL 33475 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deets, Robin M. (New Address)	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.O. Box 632 Hobe Sound, FL 33475 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deets, Richard E.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700004420767---1 -06/14/01--01113--005 *****50.00 *****50.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Deets, Betty F.	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hirsch, Dennis	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Hirsch, Geraldine	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (11/00)

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.

SIGNATURE Barry M Deets Barry M. Deets 4/30/2001 (561) 286-4152

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #