2001 UNIFOM BUSINESS REPORT (UBR) FILED DOCUMENT # L00000007767 1. Entity Name 01 JUN 11 PM 4: 50 AURORA ROAD, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2025 CLUB DRIVE 2025 CLUB DRIVE VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number City & State City & State Applied For Not Applicable Zip Country Zip 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 Name 4 LAUFFER, LAWRENCE C Street Address (P.O. Box Number is Not Acceptable) 2025 CLUB DRIVE VERO BEACH FL 32963 Zip Code FL 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) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. CR2E083 (11/00 TITLE ☐ Delete TITLE Change ☐ Addition HAWRENCE C. LAUSSEY NAME NAME STREET ADDRESS STREET ADDRESS 2025 Club D VERO BEAL CITY-ST-ZIP CITY-ST-ZIP <u>32963</u> TITLE Change ☐ Addition Delete TITLE NAME NAME 900004430029 -06/19/01--01064 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP *****50.00 ****50.00 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME

11. I hereby certify that the information supplied with this filing does the 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

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LAWHEN MAY 25, 0001 54-199-61-01
FOR REPRESENTATIVE Date Dayline Phone *

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