LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2003 8:00 am Secretary of State

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| DOCU 1. Entity Nar | MENT # L0000000 | 8016 | | 03-08-2003 90 | 079 002 *****30.00 | |
| FRAI | ME Construction, LLC | • | | 10103349 | | |
| | DO NOT WRIT | E IN THIS S | PACE | 10100013 | | |
| Principal Place of Business 2530 Deer Park Blvd | | 3. Mailing Address 2530 Deer Park Blvd | | | | |
| Suite. Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | |
| City & State Middleburg. FL | | City & State Middleburg, FL | | 4. FEI Number 59-3657308 | Applied For Not Applicable | |
| Zip 32068 | Country USA | Zip 32068 | Country _USA | 5. Certificate of Status Desired | \$5.00 Additional Fee Required — — | |
| r i pr∏auta. Intra | | | Name | 7. Name and Address of Current Registe | red Agent | |
| ing. | DO NOT W | /PITE | Cathe | Name Catherine Burnham | | |
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| IN THIS SPACE | | | 2530 Deer Park Blvd | | | |
| | | | City Middleb | urg F | Zip Code 32068 | |
| 8. The above | e named entity submits this statement tions of registered agent. | for the purpose of changing it | | red agent, or both, in the State of Florida. Lar | | |
| SIGNATURE | Specifican Lord or bringer parts of respectable | Swiller depolerable | | 4/30/ | 103 | |
| ļ. | and a second sec | \$ 76 3 V.C. N.C. | FEE IS \$50.00 0 10 10 | A CANADA A C | | |
| * * 1 | | Make Check Payal | ble to Florida Departme | nt of State | | |
| 77, 15 | , e. : | Carrie Maria Constitution | DUE BY MAY 1 | | | |
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| TITLE NAME | MGRM | | NAME OF STATES | | | |
| STREET ADDRESS | Lawrence Burnham | della burra El 20060 | STREET ADDRESS | | | |
| CITY-ST-ZIP | 2530 Deer Park Blvd / Mid | adieburg, FL 32068 | CITY-ST-ZIP | The Land Control of the Land | | |
| · TITLE: | MGRM | , | IME | | | |
| NAME STREET ADDRESS Catherine Burnham | | | NAME STREET ADDRESS | ■ Provide de la Maria de la Maria de la Maria de la Maria de Maria de la Maria della dell | | |
| CITY-ST-ZIP | 2530 Deer Park Blvd / Mid | ddleburg, FL 32068 | CITY-ST-ZIP | | | |
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| NAME | | • | NAME | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS | | | |
| | Portify that the information | h this filing door are | ZCITY-ST-ZIP | 440 07(0V) FIG. 1 | | |
| indicated | certily that the information supplied wit on this report is true and accurate and | n this filing does not qualify fo d that my signature shall bave | or the exemption stated in Se- the same legal effect as if m | ction 119.07(3)(i), Florida Statutes. I further c | ertify 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 ranaging member or manager of the limited liability company or the receiver or trustee emperger to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE OF STONING NAME OF STONIN

Daytime Phone #