2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008280

1. Entity Name
TLWN REALTY, LLC

Principal Place of Business	Mailing Address
C/O ESI SOUTH. INC.	C/O ESI SOUTH. INC.
2140 NE 36TH AVENUE. BLDG. 500	2140 NE 36TH AVENUE. BLDG. 500
OCALA FL 33470-3110	OCALA FL 33470-3110

2. Principal Place of Business	**3.** Mailing Address C/O ESi Holdings 10 Dorrance Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite # 505	DO NOT WRITE IN THIS SPACE
City & State	City & State Providence RI	
Zip	Country	Zip 02903	Country USA

4. FEI Number 06 - 1595435 — 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
TREMMEL, RICHARD C/O ESI SOUTH, INC. 2140 NE 36TH AVENUE, BLDG. 500 OCALA FL 33470-3110	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

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 _____
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

200004163542--4
-05/08/01--01139--012
*****55.00

9. MANAGING MEMBERS / MEMBERS		**10.**	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE ~mgr~ PARTNER NAME William WIND STREET ADDRESS 10 Dorrance St Suite # 505 CITY-ST-ZIP Providence RI 02903	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE ~mgr~ PARTNER NAME Richard Tremmel STREET ADDRESS 10 Dorrance St Suite # 505 CITY-ST-ZIP Providence RI 02903	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE ~mgr~ PARTNER NAME ALBERTA WIND STREET ADDRESS 10 Dorrance St Suite # 505 CITY-ST-ZIP Providence RI 02903	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _William Wind_   3-7-01   401-854-0440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #