2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 13, 2002 8:00 am Secretary of State DOCUMENT # L0000009957 1. Entity Name 05-13-2002 90255 041 ****50.00 VIRGINIA SQUARE, LLC Principal Place of Business Mailing Address 3020 HARTLEY ROAD, SUITE 300 3020 HARTLEY ROAD, SUITE 300 960459 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 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 59-3669190 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 LUCKERRIUMEN FARRELL, MARK T Street Address (P.O. Box Number is Not Acceptable) 3020 HARTLEY ROAD, SUITE 300 JACKSONVILLE FL 32257 City 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE Change ☐ Addition NAME ROOD, JOHN D NAME STREET ADDRESS 3020 HARTLEY ROAD, SUITE 300 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32257 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME I.J. PWK : NAME STREET ADDRESS This I / AGNO, SUPPE SOO STREET ADDRESS CITY-ST-ZIP GAULE OL MEG CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP मरुपार, स्टाह्म छ TITLE

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Defete

SIGNATORE DEWUIREDMark T. Farrell SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

USD HARTLEY ROAD, SUITE 300

MADDIFFELL FL 1226

NAME

STREET ADDRESS

CITY-ST-ZIP

April 19, 2002

(904) 260-3030

☐ Change

☐ Addition