2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L00000009962 1. Entity Name FILED Apr 19, 2001 8:00 A.M. Secretary of State EDGEMONT DEVELOPMENT, L.C. Principal Place of Business Mailing Address 5405 PARK CENTRAL COURT 5405 PARK CENTRAL COURT NAPLES FL 34109 NAPLES FL 34109 T (1884 | 1884 | 1884 | 1884 | 1884 | 1884 | 1884 | 1884 | 1884 | 1884 | 1884 | 1884 | 1884 | 1884 | 1884 | 1 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 -59-3666667 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORRISON, DAVID N Street Address (P.O. Box Number is Not Acceptable) 3838 TAMIAMI TRAIL NORTH, SUITE 402 NAPLES FL 34103 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 000004036350--9 FILE NOW!!! FEE IS \$50.00 -04/20/01--01106--008 Make Check Payable to Department of State ****50.00 ****50.00 ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. TITLE Delete TITLE ☐ Change ☐ Addition GATES MCVEY CAPITAL GROUP, L.L.C. NAME NAME STREET ADDRESS STREET ADDRESS 5405 PARK CENTRAL COURT CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34109 TITLE MGRM ☐ Delete TITLE NAME LARRY MANNING, L.C. NAME STREET ADDRESS STREET ADDRESS 26130 MANDEVILLA DRIVE CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 34134** TITLE TITLE ■ Addition ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OH AUT