FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 17, 2002 8:00 am Secretary of State DOCUMENT # L0000010132 1. Entity Name 01-17-2002 90010 027 ****50.00 RFW PANAMA PROPERTIES, L.L.C. Principal Place of Business Mailing Address 101 N. MAIN STREET P.O. BOX 67 BERRIEN SPRINGS MI 49103 BERRIEN SPRINGS MI 49103 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CECILIA REDDING BOYD, ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O BRYANT & HIGBY, CHARTERED 833 HARRISON AVENUE PANAMA CITY FL 32401 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (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 MGRM Delete TITLE Change □ Addition NAME WESTMAN, RONALD F NAME STREET ADDRESS STREET ADDRESS 101 N. MAIN STREET CITY-ST-ZIP CITY-ST-ZIP **BERRIEN SPRINGS MI 49103** ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP ☐ Change ☐ Addition TITLE □ Delete ŤIŤLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.