CR2E083 (9/01

FILED

~ 2002 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2002 8:00 am Secretary of State DOCUMENT # L0000010225 1. Entity Name 01-31-2002 90025 006 ****55.00 JTB VISIONQUEST, LLC Principal Place of Business Mailing Address 16890 S.W. 7TH STREET 16880 S.W. 7TH STREET PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027 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 NOT APPLICABLE Not Applicable Zip Country 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 FORNES, SANDRA Street Address (P.O. Box Number is Not Acceptable) 16880 S.W. 7TH STREET PEMBROKE PINES FL 33027 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State **Due By May 1, 2002** MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE **MGRM** TITLE ☐ Addition ☐ Delete ☐ Change NAME NAME JTB VISIONQUEST CORP. STREET ADDRESS STREET ADDRESS WARREN B. KIRCHNER, N. VANCOUVER CITY-ST-ZIP CITY-ST-ZIP BRITISH COLUMBIA V7G-1W6 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITI F TITLE ----Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition 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.