2002 UNIFORM BUSINESS REPORT (UBR)

Sep 03, 2002 8:00 am Secretary of State DOCUMENT # L00000010731 08-18-2002 90125 010 ****50.00 1. Entity Name SEAGRAPE DRIVE, LLC EIN-65-1110787 Principal Place of Business 1841 FOOTHILL DRIVE 1841 FOOTHILL DRIVE HUNTINGDON VALLEY PA 19006 **HUNTINGDON VALLEY PA 19006** 2. Principal Place of Business 3. Mailing Address 1040 SEA GRAPE - CIRIVE Suite, Apt. #, etc. SAME AS A BOVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number APPLIED FOR Applied For MARCO ISLAND -Not Applicable 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-MORRIS: WILLIAM G ESQ.-Street Address (P.O. Box Number is Not Acceptable) ₹ 247 NORTH COLLIER BLVD., SUITE 202 MARCO ISLAND FL 34145 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. I am familiar with, and accept the obligations of registered agent. 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 Due By September 25, 2002 MANAGING MEMBERS/MANAGERS 10, ADDITIONS/CHANGES MGRM TITLE ☐ Addition □ Delete TITLE Change NAME TARNO, RUBEN NAME STREET ADDRESS 1841 FOOTHILL DRIVE STREET ADDRESS CITY-ST-7IP **HUNTINGDON VALLEY PA 19006** CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME TARNO, JILL NAME STREET ADDRESS 1841 FOOTHILL DRIVE STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP **HUNTINGDON VALLEY PA 19006** TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-78 CITY-ST-718 Delete ITHE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

DEPARTMENT OF THE TREASUR INTERNAL REVENUE SERVICE ATLANTA GA 39901

DATE OF THIS NOTICE: 06-14-2001 NUMBER OF THIS NOTICE: CP 575 E EMPLOYER IDENTIFICATION NUMBER: CP 575 E FORM: SS-4 0716934125 0

HL00000010731

FOR ASSISTANCE CALL US AT: 1-800-829-1040

SEAGRAPE DRIVE LLC 1841 FOOTHILL DR HUNTINGDON VALLEY 19006

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEET.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 65-1110787. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply

Keep this part for your records.

CP 575 E (Rev. 1-20)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

0716934125

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 06-14-2001
() = - EMPLOYER IDENTIFICATION NUMBER: 65-1110787 FORM: SS-4

INTERNAL REVENUE SERVICE ATLANTA 6A 39901