2002 UNIFORM BUSINESS REPORT (UBR) Apr 03, 2002 8:00 am Secretary of State DOCUMENT # L00000011Q19 04-03-2002 90018 049 ****50.00 MOUNT HARVARD DEVELOPMENT, LLC Principal Place of Business Mailing Address % RL PIETTE JR & RITA L PIETTE/TRUSTEES % RL PIETTE JR & RITA L PIETTE/TRUSTEES 1500 DIAMOND HILL ROAD, WALNUT HILL PLAZA 1500 DIAMOND HILL ROAD, WALNUT HILL PLAZA WOONSOCKET RI 02895 WOONSOCKET RI 02895 2. Principal Place of Business CASA YBEL 3. Mailing Address CASA YBEL 2255 WEST GULF DR 2255 WEST GULF DR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. UN.T 138 UNIT 138 4. FEI Number Applied For City & State City & State 91-2089460 5ANIBEL Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 33<u>95.</u> Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent KOLAND L PIETTE PIETTE, ROLAND L JR TRST Street Address (P.O. Box Number is Not Acceptable) 1500 DIAMOND HILL ROAD, WALNUT HILL PLAZA 2255 WEST GULF DR CAPE CORAL FL 33914 CASA YBEL UNIT 138 Zip Code SANIBEL 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. KOLAND L (NOTE: Registered Agent signature required when reinstating) agent and tipe if applicable FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. ☐ Addition TITLE MGR Delete MGR TITLE ROLAND & PIETTE JR GORMAN, GARY R NAME NAME 2255 WEST GULF DR UNIT 138 STREET ADDRESS STREET ADDRESS 8101 E. PRENTICE AVENUE. SUITE 605 CITY-ST-ZIP *33957* CITY-ST-ZIP **GREENWOOD VILLAGE CO 80111** JANIBEL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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.

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4017620030 Daytime Phone #

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