2001 UNIFORM BUSINESS REPORT (UBR)

L00000011264 DOCUMENT # FII FD KAIROS INVESTMENTS. L.L.C. OI APR 17 PM 2:43 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 113 SEABREEZE COURT 113 SEABREEZE COURT PANAMA CITY BEACH FL 32413 PANAMA CITY BEACH FL 32413 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 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 Name. BURNETTE, STEVEN R Street Address (P.O. Box Number is Not Acceptable) 113 SEABREEZE COURT PANAMA CITY BEACH FL 32413 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 STEVEN R. BURNETTE SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 -04/25/01--01040--022 Make Check Payable to Department of State *****50.00 ****50.00 ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. MGRM CR2E083 (11/00) TITLE ☐ Delete TITLE ☐ Change ☐ Addition BURNETTE, STEVEN R NAME NAME 113 SEABREEZE COURT STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH FL 32413 CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition BURNETTE, ADRIAN C NAME NAME 113 SEABREEZE COURT STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH FL 32413 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP TITLE ☐ Delete TIT) F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ril 12, 2001