APPROVE

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012770 01 APR 24 AM 10: 15 1. Entity Name ROYAL TERRACE PLAZA, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 10010 BELLE RIVE BLVD., #1104 P.O. BOX 43391 JACKSONVILLE FL 32256 JACKSONVILLE FL 32203 2. Principal Place of Business 3. Mailing Address 4314 Boat Club Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Jacksonville, FL Not Applicable 59-3678943 Zip 32277 Country Zip Country \$5.00 Additional 5. Certificate of Status Desired HSA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARKER, EARL M.JR. Street Address (P.O. Box Number is Not Acceptable) 334 E. DUVAL STREET JACKSONVILLE FL 32202 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 700004161987--8 FILE NOW!!! FEE IS \$50.00 -05/08/01--01067--001 Make Check Payable to Department of State *****50.00 *****50.00 MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. 9. ☐ Addition TITLE Managing Member ☐ Delete TITI F Change NAME NAME Releford, Robert L., Jr. STREET ADDRESS STREET ADORESS 4314 Boat Club Drive 11010 Belle Rive Blvd., #1104 Jacksonville, FL 32277 CITY-ST-ZIP CITY-ST-7IP Jacksonville, FL 32256 TITLE Delete TITLE Change Addition Member NAME NAME Grady, Kenneth STREET ADDRESS STREET ADDRESS 1992 Yellow Jacket Dr. CITY-ST-ZIP CITY-ST-Z(P Callahan, FL 32011 ☐ Delete TITI F TITLE ☐ Change Addition NAME NAME Harper, Kenneth W. 2690 Still Farms Ct. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LawrenceVille, GA 30043 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITI F ☐ Delete TITLE Addition 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER

Daytime Phone #