2002 UNIFORM BUSINESS REPORT (UBR)

Mar 28, 2002 8:00 am Secretary of State DOCUMENT # L0000013379 1. Entity Name 03-28-2002 90007 023 ****50.00 IHBC, LLC Mailing Address Principal Place of Business 7092 PLACIDA ROAD 7092 PLACIDA ROAD CAPE HAZE FL 33946 CAPE HAZE FL 33946 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-1051721 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UNDERWOOD, ROBERT L Street Address (P.O. Box Number is Not Acceptable) 537 EAST PARK AVENUE TALLAHASSEE FL 32301 Zip Code City FL 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 DATE 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 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. Addition Change TITLE TITLE IS LANDHARBOR RESORT MANAGEMENTS, INC. NAME NAME STREET ADDRESS 7092 PLACIDA ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE HAZE FL 33946 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FILED