FILED

2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Feb 05, 2003 8:00 am Secretary of State DOCUMENT # L00000013908 1. Entity Name 02-05-2003 90025 002 ****50.00 HETAFI FLORIDA LLC Principal Place of Business Mailing Address 51 WATERWAY ISLAND DRIVE P.O. BOX 404 ISLE OF PALMS SC 29451 ISLE OF PALMS SC 29451 20023049 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 57-1110885 Not Applicable - -Zio 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 CHERRY, RICHARD G Cherry Richard G Street Address (P.O. Box Number is Not Acceptable) 1665 PALM BEACH LAKES BLVD., SUITE 600 WEST PALM BEACH FL 33401 400 PGA Blvd. Suite 900 City 33410 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. 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 Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change ☐ Addition NAME FINCH, HENRY T SR. NAME STREET ADDRESS P.O. BOX 404 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ISLE OF PALMS SC 29451 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME 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:

1-31-03 843-886-5100