2002 UNIFORM BUSINESS REPORT (UBR)

May 01, 2002 8:00 am Secretary of State DOCUMENT # L0000013911 04-02-2002 90939 040 ****50.00 1. Entity Name TAVISTOCK SOUTH ORANGE, LLC Principal Place of Business Mailing Address P.O. BOX 8800 P.O. BOX 8800 WINDERMERE FL 34788 WINDERMERE FL 34786 2. Principal Place of Business 3. Mailing Address 200 S. Orange Ave Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE Suite 32300 City & State City & State 4. FEI Number Applied For Orlando, ft 32801-3432 not applicable X Not Applicable Ζiρ Country \$5.00 Additional 32801-3432 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama A.G.C. CO. Street Address (P.O. Box Number is Not Acceptable) 200 S. ORANGE AVE., SUITE 2300 ORLANDO FL 32801 City Zip Code Fi 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 rainstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM TITLE ☐ Change ☐ Addition TAVISTOCK CORPORATION NAME NAME STREET ADDRESS P.O. BOX 8800 STREET ADDRESS CITY-\$7-ZIP WINDERMERE FL 34789 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition MAME 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 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS 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 filling 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 recoiver or trustage empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF BIGHING MANAGING HEM

FILED