2002 UNIFORM BUSINESS REPORT (UBR)

Jan 28, 2002 8:00 am DOCUMENT # L0000013971 Secretary of State 1. Entity Name 01-28-2002 90001 036 ****55.00 TRG-WEST JENSEN, LLC Principal Place of Business Mailing Address 910014 2828 CORAL WAY 2828 CORAL WAY PENTHOUSE SUITE PENTHOUSE SUITE MIAMI FL 33145 MIAMI FL 33145 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 52-2276817 Not Applicable Zip 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 ROCHA, ROBERTO S Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY **PENTHOUSE SUITE** MIAMI FL 33145 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. SIGNATURE 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 MANAGING MEMBERS/MANAGERS 10. 9. ☐ Addition Change TITLE MGR ☐ Delete TITLE THE VILLAGES OF WEST JENSEN BEACH NAME STREET ADDRESS STREET ADDRESS 2828 CORAL WAY CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145 ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP - Change --- - Addition "Delete" TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ∡CITY-ST-ZIP ☐ Change ☐ Addition -TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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 accepting properties.

SIGNATURE:

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

1/15/02

Daytime Phone #

FILED