FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 26, 2002 8:00 am Secretary of State DOCUMENT # L0000014259 1. Entity Name 02-26-2002 90012 004 ***150.00 LE JEUNE - DOUGLAS INDUSTRIAL PARK, LLC Mailing Address Principal Place of Business 2800 PONCE DE LEON BLVD., STE. 1125 2800 PONCE DE LEON BLVD., STE, 1125 MIAMI FL 33134 MIAMI FL 33134 3. Mailing Address 2. Principal Place of Business 13105 N.W. Lejeune Road 13105 N.W. Lejeune Road Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-1069413 Not Applicable Opa-Locka. Opa-Locka Country \$5.00 Additional 5. Certificate of Status Desired Fee Required U.S.A. 33054 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEIF, EVAN D Street Address (P.O. Box Number is Not Acceptable) 2800 PONCE DE LEON BLVD., STE. 1125 MIAM! FL 33134 Zin 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, 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 MGR ... Delete TITLE TITLE MGR NAME NAME HOLLAND, BRIAN Holland, Brian STREET ADDRESS STREET ADDRESS 4180 NW 132ND STREET 13105 N.W. Lejeune Road CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33054 Opa-Locka, FL 33054 X Change ☐ Addition MGR ☐ Delete TITLE MGR TITLE CHAPLIN, WAYNE NAME NAME Chaplin, Wayne 4180 NW 132ND STREET STREET ADDRESS STREET ADDRESS 13105 N.W. Lejeune Road CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33054 Opa-Locka, FL 33054 TITLE Change ☐ Addition ☐ Delete 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.

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF JIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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