2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014821

1. Entity Name

MAHONEY HOLDINGS, LLC

FILED

01 SEP 24 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
234 EL BRILLO WAY PALM BEACH FL 33480	234 EL BRILLO WAY PALM BEACH FL 33480

2. Principal Place of Business: 319 Clematis, Ste 404	3. Mailing Address: 319 Clematis St.
Suite, Apt. #, etc.: Suite 404	Suite, Apt. #, etc.: Suite 404
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL.
Zip: 33401 Country: USA	Zip: 33401 Country: USA

4. FEI Number 65-1059877 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BOTOS, MICHAEL E
EDWARDS & ANGELL LLP
250 ROYAL PALM WAY SUITE 300
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name: Michael E. Botos, EDWARDS & ANGELL LLP
Street Address (P.O. Box Number is Not Acceptable): 1 Clematis Street
Suite 400
City: West Palm Beach FL Zip Code: 33401

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: Michael E. Botoss — DATE: Sept. 18, 2001
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 September 26, 2001

9. MANAGING MEMBERS/~~MANAGERS~~		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Daniel J. Mahoney, III 234 El Brillo Way Palm Beach, FL. 33480 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 200004616232--5 -09/28/01--01040--002 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

STAPLE CHECK HERE

CR2E083 (5/01)

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: SIGNATURE REQUIRED — 9/18/2001 — 561-655-6733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #