2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L00000014958 1. Entity Name FILED JLC SUNCOAST-HARBINGER PROPERTIES, JUN 25 AM 8:47 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE. FLORIDA 2. Principal Place of Business 3. Mailing Address VILLAS AT Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 200 N.W. City & State City & State 4. FEI Number Applied For 65 -Not Applicable FI LAUDIER Country Zip \$5.00 Additional 5. Certificate of Status Desired 33309 Fee Required BROWAR 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ANK OF AMERICA TOWER Zip Code 32202 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 9. CHERYL WEINER - MON COMMUNITY MANAGER Addition TITLE TITLE ☐ Change □ Delete NAME NAMÉ 1258 SOUTH MILITARY TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEER FIELD PORTFOLIO MANAGER Change Addition TITLE ☐ Delete TITLE ANNA SWANN-MORM NAME NAME -1575 NORTHSIDE DR. STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP .. 30318-4208 ATLANTA= - 6A. Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME 200004463012-STREET ADDRESS STREET ADDRESS -07/06/01---01108---001 CITY-ST-7IP CITY-ST-ZIP ***<u>**</u>50.00 *****50_80 Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIA CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME 4 NAME STREET ADDRESS STREET ADORESS 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:

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

Date

Date

Date

Date

Date

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