2002 UNIFORM BUSINESS REPORT (UBR)

Sep 02, 2002 8:00 am Secretary of State DOCUMENT # L0000015101 09-02-2002 90047 022 ****50.00 1. Entity Name 01-15-2002 90037 037 ****50.00 CORVUS DEVELOPMENT INTERESTS, LLC Principal Place of Business Mailing Address 7216 MARSTON COURT 7216 MARSTON COURT UNIVERSITY PARK FL 34201 UNIVERSITY PARK FL 34201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORRIS, TIMOTHY J Street Address (P.O. Box Number is Not Acceptable) 7216 MARSTON COURT UNIVERSITY PARK FL 34201 City Zip Code 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 (NOTE: Registered Agent algorature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM (9/01) HITLE Delete IME ☐ Addition Change MORRIS, CATHERINE L NAME NAME STREET ADDRESS 7216 MARSTON COURT STREET ADDRESS CR2E083 CITY-ST-ZIP UNIVERSITY PARK FL CITY-ST-7/P THILE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete 7171.5 Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition Oelete TITLE Change NAME

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.

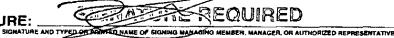
STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP



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