2002 UNIFORM:BUSINESS REPORT (UBR)

Berger Realty Corp., as agent

195 Andres Avenir Preses Forust

FILED Apr 30, 2002 8:00 am Secretary of State DOCUMENT # L0000015176 04-30-2002 90033 047 ****50.00 ANDREWS AVENUE PROPERTIES & INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 888 S.E. THIRD AVE., STE. 501 888 S.E. THIRD AVE., STE. 501 945750 FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 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 65-1069890 Not Applicable Zip Country Zip 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 Name FORMAN. MILES AUSTIN Street Address (P.O. Box Number is Not Acceptable) 888 S.E. THIRD AVE., STE. 501 FT LAUDERDALE FL 33316 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature 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 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition MURPHY, WILLIAM W NAME NAME STREET ADDRESS 4300 N. UNIVERSITY DR., STE. D-103 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33351 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME FORMAN, MILES AUSTIN NAME STREET ADDRESS 888 S.E. THIRD AVE., STE. 501 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33316 CITY-ST-ZIP TITLE ☐ 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-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 as required by Chapter 608, Florida Statutes.

Date

Daytime Phone #