FILED

2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Apr 24, 2003 8:00 am Secretary of State DOCUMENT # L0000015490 04-24-2003 90252 035 ****50.00 1. Entity Name APC INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 111 N. ORANGE AVE., STE. 1100 111 N. ORANGE AVE., STE. 1100 ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3687733 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 ppen heimer JAMES, KERMIT L JR. Street Address (P.O. Box Number is Not Acceptable) 111 N. ORANGE AVE., STE. 1100 ORLANDO FL 32801 1100 City α 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. I am familiar with, and accept the obligations of registered agent Signature, typed or pr me of registered agent a FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE Delete TITLE Change ■ Addition JAMES, KERMIT L JR NAME NAME STREET ADDRESS 111 N ORANGE AVE., STE 1100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 TITLE ☐ Delete TITLE Change ☐ Addition CREEL, STANLEY E NAME NAME STREET ADDRESS 111 N ORANGE AVE., STE 1100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 TITLE Delete ____ TITLE _ _ Change ☐ Addition OPPENHEIMER, JACK S NAME NAME STREET ADDRESS 111 N ORANGE AVE., STE 1100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 ☐ Delete TITLE ☐ Change ☐ Addition WACK, MICHAEL A NAME NAME STREET ADDRESS STREET ADDRESS 111 N ORANGE AVE., STE 1100 CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32801 ☐ Delete TITI F ☐ Change ☐ Addition TITLE 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

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: OR AUTHORIZED REPRESENTATIVE