2002 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2002 8:00 am ⁵ Secretary of State DOCUMENT # L0000016258 02-19-2002 90031 012 ****50.00 GCR COMMERCIAL PROPERTIES, L.L.C. Principal Place of Business Mailing Address 1900 S. HARBOR CITY BLVD., SUITE 212 1900 S. HARBOR CITY BLVD., SUITE 212 MELBOURNE FL 32901 MELBOURNE FL 32901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE APPLIED FOR City & State City & State 4. FEI Number Applied For 59-3699 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 ALBRITTON, J. DON Street Address (P.O. Box Number is Not Acceptable) 1900 S. HARBOR CITY BLVD SUITE 212 **MELBOURNE FL 32901** City Zip Code FL 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change Addition ALBRITTON, J. DON NAME NAME STREET ADDRESS 4235 WOODHALL CIRCLE STREET ADDRESS CITY-ST-ZIP VIERA FL 32955 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 ☐ Oelete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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.

AGER, OR AUTHORIZED REPRESENTATIVE

FILED