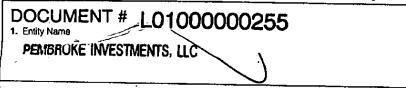
2002 UNIFORM BUSINESS REPORT (UBR)

May 24, 2002 8:00 am Secretary of State

04-17-2002 90027 023 ****50.00



Principal Place of Business

123 N.W. 13TH STREET, SUITE 300

Mailing Address

123 N.W. 13TH STREET. SUITE 300



BOCA RATON FL 33432 BOCA RATON FL 33432 2. Principal Place of Business 3. Mailing Address JOURN FLAGUER 2*5*Yl SEMINACE CLE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u> 2011 se 800</u> 4. FEI Number 65-/066524 City & State Applied For Not Applicable \$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 GILDAN LAURIE L Street Address (P.O. Box Number is Not Acceptable) GREENBERG TRAURIG, P.A. 777 S. FLAGLER DR., SUITE 300E WEST PALM BEACH FL 33401 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES ITTE MANAGING ARMBER ☐ Delete TITLE ☐ Change ☐ Addition NAME 98 DAULD SHAPIRD STREET ADDRESS 2541 SEMINOUR CAR STREET ADORESS CITY-ST-ZIP W. PARM BEARD 3.34°° CITY-ST-71P TITLE Delete Im E☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE ☐ Dalete TITLE Change NAME ☐ Addition NAME STREET ADDAESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

11. It greby 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 eath; 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: (IG MISMEER, MANAGER, OR A

Date

Daytime Phone #