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

May 06, 2003 8:00 am Secretary of State

05-06-2003 90065 013 ****50.00

DOCUMENT # L0100000410 1. Entity Name KENSINGTON RESORT PARTNERS / LC 10102738 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 235 SOUTH MAITLAND AVE. SUITE 216 Suite, Apt. #, etc. Suite, Apt. #, etc. O NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MAITLAND FL 59-3737699 Not Applicable Country Zin Country \$5.00 Additional 5. Certificate of Status Desired 32751 Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE WALKER BERRY J ESO Street Address (P.O. Box Number is Not Acceptable) MAITLAND AVE. SOUTH SUITE 216 MÁITLAND 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 printed name of registered agent and title if applicable DATE FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 . 9. MANAGING MEMBERS/MANAGERS CR2E083B (12/02) MGRM TITLE TITLE SCHAFFER, MARTIN NAME NAME' 1597 S. PORT ST. LUCIE BLVD PORT ST LUCIE, FL 34952 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE NAME TITLE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE IN THIS SPACE CITY - ST - ZIP CITY - ST - ZIP TITLE: NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 of steel 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 of steel 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 of same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of same land of the limited liability company or the receiver of same land of the limited liability company or the receiver of same land of the limited liability company or the receiver of same land of the limited liability company or the liability company or the limited liability co

SIGNATURE:

MORM SIGNATURE AND TYPED OR PRINCE OR AUTHORIZED REPRESENTATIVE DED NAME OF SIGNING MANAGING MEMBER, MANAGER,

Daytime Phone #