2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L0100000434 R 23 PM 34-18-2003 90035 037 \*\*\*\*50.00 1. Entity Name ON OF CORPORATIONS BAILEY & DAWES, P.L. Principal Place of Business Mailing Address CONTINENTAL PLAZA CONTINENTAL PLAZA 3250 MARY STREET, SUITE 301 3250 MARY STREET. SUITE 301 MIAMI FL 33133 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number APPLIED FOR Not Applicable Zip Zio Country \$5.00 Additional Country 5, Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAILEY, GUY B JR. Street Address (P.O. Box Number is Not Acceptable) CONTINENTAL PLAZA, SUITE 301 3250 MARY STREET MIAM! FL 33133 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. I am familiar with, and accept the obligations of registered agent. 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 Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10, ADDITIONS/CHANGES MGR TITLE TITLE ☐ Addition ☐ Delete ☐ Change NAME BAILEY, GUY B JR. NAME STREET ADDRESS STREET ADDRESS 3250 MARY STREET, SUITE 301 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 TITLE ☐ Delete TITLE Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Delete TITLE T Change 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 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TTOF ☐ Delete □ Addition TITLE Change NAME MAME 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(3Xi), 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: