2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 09, 2002 8:00 am Secretary of State DOCUMENT # L01000001770 1. Entity Name 02-18-2002 90184 031 ****50.00 HART PROPERTIES, LLC Principal Place of Business 22241 6278 N. FEDERAL HWY. #265 6278 N. FEDERAL HWY. #265 FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1102352 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HART, GARRICK Street Address (P.O. Box Number is Not Acceptable) 6278 N. FEDERAL HWY. #265 FT LAUDERDALE FL 33308 Zip Çode City 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 10. ADDITIONS/CHANGES 9. ☐ Change Addition TITLE MGRM . TIRE mg RM CR2E083 (9/01 MART, GARRICK NAME NAME Hart Duary STREET ADDRESS STREET ADDRESS 6278 N. FEDERAL HWY. #265 CITY-ST-ZIP CITY-ST-71P FT LAUDERDALE FL 33308 TITI F ☐ Delete mn F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition Delete TILE ☐ Chance NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CIE-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Floride 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 of the receiver or trusteel empowered to execute this report as required by Chapter 608, Floride Statutes.

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FILED