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Secretary of State

06-02-2003 90083 010 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001877

1. Entity Name
PEACH PALM PROPERTIES LLC

Principal Place of Business	Mailing Address
6521 WOODBURY RD BOCA RATON, FL 33433	6521 WOODBURY RD. BOCA RATON, FL 33433

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1200 S. OCEAN BLVD	1200 S. OCEAN BLVD
Suite, Apt. #, etc.: 11 H	Suite, Apt. #, etc.: 11 H
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33432 Country: USA	Zip: 33432 Country: USA

4. FEI Number 36-4418775 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAMAS, GUILLERMO JR.
6521 WOODBURY RD
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name: RAMAS, GUILLERMO JR.
Street Address (P.O. Box Number is Not Acceptable): 1200 S. OCEAN BLVD 11 H
City: BOCA RATON, FL Zip Code: 33432

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 [signature] GUILLERMO RAMAS JR, MGRM DATE 5/30/03
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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMAS, GUILLERMO JR 6521 WOODBURY RD. BOCA RATON, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMAS, GUILLERMO N SR 4020 GALT OCEAN DRIVE BOCA RATON, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: [signature] GUILLERMO RAMAS JR 5/30/03 561-361-7093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E033 (10/02)