FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Aug 19, 2002 8:00 am Secretary of State DOCUMENT # L01000001983 04-30-2002 90006 040 ****50.00 1. Entity Name Bebe, LLC Principal Place of Business Mailing Address 166 HIGHWAY ATA 166 HIGHWAY A1A PONTE VEDRA BEACH FL 32082 PONTE YEDRA BEACH FL 32082 3. Mailing Address 2. Principal Place of Business 117 1st Av. DO NOT WRITE IN THIS SPACE Suite part, etc. Box 285 Suite, Apt. #, etc. Jacksmull 4. FEI Number 5 9-3698468 Applied For City & State Not Applicable \$5.00 Additional 32250 5. Certificate of Status Desired. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PATTERSON, BOND & LATSHAW, P.A. Street Address (P.O. Box Number is Not Acceptable) 3010 SOUTH THIRD STREET JACKSONVILLE FL 32250 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 ____ (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 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. (9/01 TITLE TITLE Buyers Broker Rose Ha and Consultants INC. NAME BUYER'S BROKER REALTY AND CONSULTANTS, INC MAME STREET ADDRESS 486 HIGHWAY ATA- P.O. 80x 285 STREET ADDRESS CITY-ST-ZIP 32250 CITY-ST-ZIP Jacksonville PONTE VEDRA BEACH FL 32000- 32004 TITLE ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NAME -NAME : STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITL F TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Change ☐ Addition ☐ Delete TITLE NAME MARK STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADORESS 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(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and triat 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.