2002 UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # L0100002584 04-25-2002 90003 020 ****50 00 SUN HOME INVESTMENTS OF FLORIDA. LLC Principal Place of Business Mailing Address 86909 100 S. ASHLEY DRIVE. SUITE 1500 100 S. ASHLEY DRIVE, SUITE 1500 **TAMPA FL 33602** TAMPA FL 33602 2 Principal Place of Business 2758 Summerdale 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 370 7593 learwa Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required JSA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DRUMMOND, TEMPLE H Street Address (P.O. Box Number is Not Acceptable) 100 S. ASHLEY DRIVE, SUITE 1500 TAMPA FL 33602 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE Regis Neary TITLE ☐ Change ☐ Addition 8 Manager Manager / Regis Neary 19106 Harbor Cove Court NAME Harbor Cove Count NAME 19/106 STREET ADDRESS CRZEO83 STREET ADDRESS Lutz, FL 33558. Lutz, FL 33558 CITY-ST-ZIP CITY-ST-ZIP David Smart TITLE TITLE ☐ Addition ☐ Change Manager 258 SUMMERDALE DA. NAME NAME David Smart STREET ADORESS STREET ADDRESS CLEARWATER, FL. 33761 2753 Summerdale Drive CITY-ST-ZIP CITY-ST-ZIP Robert. GERARD Delete TITLE TITLE Change ☐ Addition Manager-NIA. CRESSON Gerard Robert STREET ADDRESS STREET ADDRESS 17 Puy ou LAC - FRANCE. Cresson CITY-ST-ZIP CITY-ST-71P IIILE ☐ Delete TITLE ☐ Change Addition 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 Change TITLE ☐ Addition NAME NAME

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.

STREET ADORESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MAME OF

STREET ADDRESS

CITY-ST-ZIF

MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

May 29, 2002 8:00 am