FILED

Sep 08, 2002 8:00 am Secretary of State

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

L01000002606 07-18-2002 90135 004 ****50 00 1. Entity Name DRACO PROPERTIES, LLC Mailing Address Principal Place of Business 839 FAULL DR., STE. B 639 FAULL DR., STE. B ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 3. Mailing Address 2. Principal Place of Busin DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Gity & State City & State 4. FEI Number Applied For 651076181 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHEN, PETER Street Address (P.O. Box Number is Not Acceptable) 839 FAULL DR., STE. B - 1 ROCKLEDGE FL 32955 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) DATE 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. Managing Member ☐ Addition MGR ☐ Delete TITLE Change 98 TITLE NAME NAME CHEN, PETER Chen Peter 4305 Kings CR2E083 STREET ADDRESS STREET ADDRESS 839 FAULL DR., STE, B CITY-ST-ZIP CITY-ST-ZIP **ROCKLEDGE FL 32955** TITLE Delete TITLE Managing Member Change Addition NAME NAME Ruck STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE Managing Member NAME NAME Fetherman-Marker. STREET ADDRESS STREET ADDRESS 305 Kings High way CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change TITLE ☐ Delete ☐ 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

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 eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this coops, as required by Chapter 608, Florida Statutes.

SIGNATURE:

IER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone (