FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 18, 2002 8:00 am DOCUMENT # L0100003054 **Secretary of State** 1. Entity Name 02-18-2002 90182 005 ****50.00 COMMONS DRIVE, L.L.C. Principal Place of Business Mailing Address 36008 EMERALD COAST PKWY., STE, 301 36008 EMERALD COAST PKWY., STE. 301 DESTIN FL 32541 DESTIN FL 32541 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 61-1385484 Not Applicable Zip Country Country \$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 BRANSCUM, STEPHEN P Street Address (P.O. Box Number is Not Acceptable) 36008 EMERALD COAST PKWY., STE. 301 DESTIN FL 32541 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 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE ☐ Addition Change MGRM NAME STEVE BRANSCUM NAME STREET ADDRESS 36008 EMERALD COAST PKWY., STE. 301 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN, FL 32541 TITLE MGRM ☐ Delete TITLE Change ☐ Addition NAME RON TURNER NAME STREET ADDRESS STREET ADDRESS 1084 EAST NEW CIRCLE ROAD CITY-ST-ZIP LEXINGTON, KY 40505-4100 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 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.