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407-876-6075

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 14, 2002 8:00 am Secretary of State DOCUMENT # L0100003207 01-14-2002 90028 008 ****50.00 PARK AVENUE PROPERTIES II. LLC Principal Place of Business Mailing Address 12256 PARK AVE. 12256 PARK AVE. WINDERMERE FL 34786 WINDERMERE FL 34786 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 39-3705644 Applied For City & State City & State Not Applicable Zin Country Country \$5.00 Additional Fee Required 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THADEN, MYRON Street Address (P.O. Box Number is Not Acceptable) 12256 PARK AVE. WINDERMERE FL 34786 City Zip Code FL 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. DATE (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 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. ☐ Addition (9/01) ☐ Change TITLE TITLE ☐ Delete THADEN, MYRON NAME NAME STREET ADDRESS 12256 PARK AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINDERMERE FL 34786 ☐ Change ☐ Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE □ Delete 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.

SIGNATURE