2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L01000004464 1. Entity Name R & J MOTORS, L.L.C. 03 JUL - 1 AM 8: 33 Principal Place of Business Mailing Address 2001 S. DIXIF HWY 2001 S. DIXIE HWY WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address 1181 S. Rogers Cir. 1181 S. Rogers Cir. Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite 9 Suite 9 City & State City & State 4. FEI Number Applied For 65-1092445 Boca Raton, FL Boca Raton, Not Applicable Zip 33487 Ζp Country Country \$5.00 Additional 5. Certificate of Status Desired 33487 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERTS, RONALD J Steven A. Belson, Esq. 1181 S. ROGERS CIRCLE, STE 9 Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33487 2000 Glades Road, Suite 300 Boca Raton 8. The above named entity submits this statem changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of (NOTE: Registered Agent's ignature required when reinstating) FILE NOW(I) FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. CHZE083 (10/02) MGR ☐ Delete TITLE 1111 s√⊓ Cheance Addition MGR ROBERTS, RON NAME NAME ROBERTS, RONALD J. 1181 S ROGERS CIRCLE STE 9 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33487 CITY -ST-ZIP CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME KOON, JOHN NAME 300021236743 2001 S DIXIE HWY STREET ADDRESS STREET ADDRESS 97/01/03--01029---00S ***511.111 WEST PALM BEACH, FL 33401 CITY-ST-ZIP CRY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-2IP... TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CffY-S1-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

11. I hereby certify that the information supplied with this filling 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 this see employed to execute this report as required by Chapter 608, Florida Statutes.

TOLE

NAME

STREET ADDRESS CITY-ST-2IP

STREET ADDRESS CITY - ST - 719

SIGNATURE:

NAME STREET ADDRESS

NAME

CITY-\$1-ZIP TITLE

STREET ADDRESS

CiTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

J. Roberts, Managing Member

06/20/03 561-241-1122

Caylime Phone #

□ Change

☐ Addition