APPROVED AND FILED

02 MAR -4 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004523

1. Entity Name
MAYO REALTY TRUST, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite 200 700 S. Federal Highway		c/o Richard A. Murdoch @ Adorno & Zeder 700 S. Federal Highway Suite 200	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Boca Raton		City & State Florida	
Zip 33432	Country USA	Zip 33432	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number — ✓ Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Richard A. Murdoch
Street Address (P.O. Box Number is Not Acceptable): 700 South Federal Highway Suite 200
City: Boca Raton FL Zip Code 33432

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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

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-03/06/02--01074--012
*****50.00 *****50.00

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	Richard A. Murdoch
STREET ADDRESS	700 S. Federal Highway, Suite 200
CITY-ST-ZIP	Boca Raton, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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: [signature] MANAGER 02/21/2002 561-393-5660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #