FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 07, 2002 8:00 am Secretary of State DOCUMENT # L0100004650 1. Entity Name 05-07-2002 90387 014 ***150.00 MAR INVESTORS GROUP, L.L.C. Principal Place of Business Mailing Address **601 SPINNAKER** 601 SPINNAKER WESTON FL 33326 WESTON FL 33326 2. Principal Place of Business 3. Mailing Address PODOX >67/71 Executive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Çity & State 4. FEI Number Applied For 65-1089 556 Weston RSTON Not Applicable Country Zip \$5.00 Additional 5. Certificate of Status Desired Beower Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 Signature, typed or printed name of registered agent and title if applicable. (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 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE □ Delete ☐ Change ☐ Addition GARCIA, ELISA NAME STREET ADDRESS **601 SPINNAKER** STREET ADDRESS CITY-ST-ZIF WESTON FL 33326 CITY-ST-ZIP TITI F MGR ☐ Delete TITLE ☐ Change ☐ Addition NAME GARCIA, ALEXIS M NAME STREET ADDRESS **601 SPINNAKER** STREET ADDRESS CITY-ST-7IP WESTON FL 33326 CITY-ST-7IP TITLE Delete TITLE 💶 🔲 Change 🜊 🔲 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 TITLE Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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

Date