2002 UNIFORM BUSINESS REPORT (UBR)

May 12, 2002 8:00 am Secretary of State DOCUMENT # L0100004827 1. Entity Name 05-12-2002 90578 046 ****55.00 NATIONAL HOUSING PROPERTIES, LLC Principal Place of Business Mailing Address 3260 UNIVERSITY BLVD. 3260 UNIVERSITY BLVD. SUITE 210 SUITE 210 WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 3714999 Not Applicable Zip Country Zip 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 HADDOCK, EDWARD E JR. Street Address (P.O. Box Number is Not Acceptable) 3260 UNIVERSITY BLVD. SUITE 210 **WINTER PARK FL 32792** 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 (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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MG.RM. TITLE (9/01) ☐ Delete TITLE Addition ☐ Change SunGate Real Estate LLLP NAME NAME STREET ADDRESS STREET ADDRESS 950 South Cherry Street, Suite..210 CITY-ST-ZIP CITY-ST-ZIP Denver, Coloradoc 280222 TITLE MGPM ☐ Delete TITLE ☐ Change Addition NAME NAME The Heavener Company Real Estate, LLC STREET ADDRESS STREET ADDRESS 3260 University Blvd., Suite 210 CITY-ST-ZIP CITY-ST-ZIP Winter Park, Florida 32792 TITI F ☐ Delete TITLE MCKAL ☐ Change X Addition NAME NAME The Phelps Real Estate, LLC STREET ADDRESS STREET ADDRESS 3260 University Blvd., Suite 210 CITY-ST-7IP CITY-ST-ZIP Winter Park, Florida 32792 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

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

☐ Delete

.03.

FILED

☐ Addition

☐ Change