FILED

Mar 11, 2003 8:00 am Secretary of State

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100006051



03-11-2003 90028 030 ****50.00 SUNDANCE CLERMONT, LLC Principal Place of Business Mailing Address 30041521 5405 CYPRESS CENTER DR., STE. 320 1601 JOHNS LAKE ROAD CLERMONT FL 34711 **TAMPA FL 33609** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3758312 Applied For Not Applicable Zip Country 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 Name HOLCOMB, VICTOR W ESQ. 106 SOUTH TAMPANIA AVE., STE. 200 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33609** 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Addition TITLE ☐ Delete TITLE ☐ Change CLERMONT APARTMENTS, LLC NAME NAME STREET ADDRESS 5405 CYPRESS CENTER DR SUITE 320 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33609 MGRM TITLE ☐ Delete TITLE Change ☐ Addition OSPREY CAPITAL, INC. NAME NAME STREET ADDRESS 5405 CYPRESS CENTER DR SUITE 320 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33609** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZiP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition 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

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:

813-656-5860 Daytime Phone #