2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:
SIGNATURE AND TYPED OF PROFITED WASHE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TO THE

3.29.02 Date

May 24, 2002 8:00 am Secretary of State **DOCUMENT #** 101000006556 04-16-2002 90078 047 ****55.00 1. Entity Name ISLAMORADA TRANSFER, LLC Principal Place of Business Mailing Address 743 LARGO ROAD 743 LARGO ROAD 85926 KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-109904 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent LEE, NICK Street Address (P.O. Box Number is Not Acceptable) 142 VENETIAN WAY ISLAMORADA FL 33038 City Zip Code FL 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 TITLE ☐ Delete MLE MEMBER Addition ☐ Change CR2E083 (9/01 NAME NICK LEE 142 VENETIAN WAY NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ISLAMORADA FL 33036 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete 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 NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZP 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.

FILED