2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am Secretary of State DOCUMENT # L01000008114 03-25-2002 90182 016 ****50.00 TITLE AFFILIATES OF CLEARWATER, L.L.C. Principal Place of Business Mailing Address 101 GATEWAY CENTRE PARKWAY, GATEWAY ONE 101 GATEWAY CENTRE PARKWAY, GATEWAY ONE B0049485 RICHMOND VA 23235 RICHMOND VA 23235 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 59-3739319 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 Name William T. Kirtley, Esquire KIRTLEY, WILLIAM T ESQ. Street Address (P.O. Box Number is Not Acceptable) 2940 SOUTH TAMIAMI TRAIL 1776 Ringling Boulevard SARASOTA FL 34239 City Zip Code Sarasota 34236 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 Fiorida. 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 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE ☐ Change ☐ Addition USA Title Affiliates, Inc. NAME 101 Gateway Cntr Pkwy, Gateway One STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Richmond, VA 23235 TITLE Member Delete TITLE ☐ Addition Change NAME NAME Donna Nettestad, PA STREET ADDRESS STREET ADDRESS 33 Friendship Court CITY-ST-ZIP CITY-ST-7IP Safety Harbor, FL 34695 TITLE Member ☐ Delete TITLE Change ■ Addition NAME NAME Thomas Brew STREET ADDRESS STREET ADDRESS 3046 Eastland Blvd #J-103 CITY-ST-7IP CITY-ST-7IP Clearwater, FL 33761 TITLE TITLE □ Change ☐ Addition Member NAME Sel-Fast Real Estate STREET ADDRESS STREET ADDRESS 2454 McMullen Both Read, Ste 310 Clearwater, FL 33759 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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-7IP 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.

Alliates, Inc., BY: Wm. Chadwick Perrine, ITS: Vice Pres. & Sec.

FILED