2002 UNIFORM BUSINESS REPORT (UBR)

May 24, 2002 8:00 am Secretary of State DOCUMENT # L01000008531 04-30-2002 90016 032 ****50 00 WALNUT LAKES, LLC Principal Place of Business Mailing Address 8610 PEBBLEBROOKE DRIVE 8610 PEBBLEBROOKE DRIVE NAPLES FL 34119 NAPLES FL 34119 85867 3. Mailing Address Hoom Cir 8310 Suite, Apt. # etc. DO NOT WRITE IN THIS SPACE City & State Applied For Not Applicable Country 5A \$5.00 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEEPLES, C. PERRY ESQ. Number is Not Accepted (e) 8889 PELICAN BAY BLVD., SUITE 300 1001 NAPLES FL 34108 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 . 9. 70 ADDITIONS/CHANGES TITLE nn s ☐ Change ☐ Addition (9/01 NAME MAME STREET ADDRESS STREET ADDRESS CR2E083 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE D-Delate MILE ☐ Change ☐ Addition 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 TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TIRE ☐ 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 or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

Deviate Phone #

Associate

AUTHORIZED REPRESENTATIVE

SIGNATURE AND TYPED OR PRINTED KAMI