2902 UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2002 8:00 am § Secretary of State DOCUMENT # L0100008637 1. Entity Name 05-22-2002 90269 037 ****55.00 TEMPUS FUNDING I, LLC Principal Place of Business Mailing Address 7380 SAND LAKE RD 7380 SAND LAKE RD SUITE 600 SUITE 600 ORLANDO FL 32819 ORLANDO FL 32819 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 59-3723913 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Name A.G.C. CO. Street Address (P.O. Box Number is Not Acceptable) 200 S ORANGE AVE **SUITE 2300** ORLANDO FL 32801 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. 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 ☐ Delete TITLE ☐ Change Tempus Palms Intil, Ltd. NAME STREET ADDRESS STREET ADDRESS CR2E083 7380 sand Lake Rd. Ste 600 CITY-ST-ZIP CITY-ST-ZIP Orlando FL 32819 TITLE ☐ Delete 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 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

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

TITLE

STREET ADDRESS

1000

☐ Addition