FILED

Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

limited liability company or the receiver or trustee empoy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MI

SIGNATURE:

Apr 16, 2002 8:00 am Secretary of State DOCUMENT # L01000009693 1. Entity Name 04-16-2002 90073 036 ****50.00 PAUL & SHARK BAL HARBOUR LLC Principal Place of Business Mailing Address 9700 COLLINS AVE. 9700 COLLINS AVE. 937466 BAL HARBOUR SHOPS BAL HARBOUR SHOPS BAL HARBOUR FL 33154 BAL HARBOUR FL 33154 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 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 NATIONAL CORPORATE RESEARCH LTD. INC. Street Address (P.O. Box Number is Not Acceptable) 1406 HAYS STREET SUITE 2 TALLAHASSEE FL 32301 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. SIGNAŢURE 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 MERN Addition CR2E083 (9/01 TITLE ☐ Delete TITI F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE □ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST-7IB ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information hall have the same legal effect as if made under oath; that I am a managing member or manager of the 11. I hereby certify that the information supplied with this filing does no I nereby certify that the information supplied with this many coordinates indicated on this report is true and accurate and that my separature limited liability company or the receiver or trustee empoyered to go

cute this report as required by Chapter 608, Florida Statutes.