|  |  |  |   |  | APPRUVE:<br>AND  |   |  |
|--|--|--|---|--|--|---|--|
|  | • PLEASE RE  | AD ALL INST  | RUCTIONS BEF  | ORE COMPLET  | ING THIS FORM  |   |  |
| LIMITER LIABILIER FLORIDA DEPARTMENT OF STATE                                    |  |  |   |  |  |   |  |
| REIL ST  | PALE   |  | SEC<br>MEL  | SECRETARY OF STATE P<br>MALLAHASSEE, FLORIDA   |  |   |  |
| 1. Limited Liabi   | IENT # L01000<br>lity Company's Name<br>r of Orlando, LLC  | 0010125  |   |  |  |   |  |
| l  |  | ,  |   |  | TATEMEN  | 1/100/  |  |
|  |  |  | ffice Address   |  |  |   |  |
| 1628 Mc Co<br>Suite, Apt. #, etc   |  | 100 Route<br>Suite, Apt. #,  |   | 4. State/Cou   | 4. State/Country of Formation<br>Florida   |   |  |
|  |  |  |   | 5. Date Orga   | 5. Date Organized or Qualified<br>To Do Business in Florida June 22, 2001                              |   |  |
| City & State<br>Orlando, Florida   |  | City & State<br>Keyport, NJ  |   | 6. FEI Numb  | er   | Applied For   |  |
| Zip Country  |  | Zip  | Country   | 7.   | 58-2639580 Not Applicable  |   |  |
| 32809  | Orange   | 07735  | Monmouth  | CERTIFICAT   | E OF STATUS DESIRED 🗹  | 00 Additional <u>Fee</u> required<br>or a Certificate of Status           |  |
| . 1<br>Su<br>Cit   | Orlando  |  | liat filty company, am familiar<br>NT MUST SIGN   | 11./1  | State Zip Code<br>FL 32809<br>tions of Chapter 608, F.S.<br>Date 11/m/o                                | 00  |  |
| 10. Names and  | Street Addresses of Managin  | g Members/Managers   | •   |  |  |   |  |
| Titles Name of Managing Members/Managers   |  |  | Street Address of Each<br>Managing Member/Manager   |  | City / State / Zip   |   |  |
| MGRM Jol   | John Belo  |  | 100 Route 35  |  | Keyport NJ 07735   |   |  |
|  |  |  | ,   |  | 00009001<br>1/0201055003   | 938<br>3 **155.00   |  |
|  |  |  |   | · · · · · · · · · · · · · · · · · · ·  |  |   |  |
| <b>11.</b> ) certify that I<br>filing this reim<br>all fees owed<br>as if made u | am managing member/mana<br>statement application the reas<br>by the limited liability compan<br>nder oath. | ger or the receiver or tr<br>on for dissolution has be<br>y have been paid. The in | ustee empowered to execute<br>sen eliminated, the limited liabi<br>formation indicated on this ap | this application as provide<br>lity company name satisfies<br>plication is true and accura | d for in chapter 608, F.S. I furt<br>the requirements of section 60<br>te, and my signature shall have | her certify that when<br>28.446-5.5., and that<br>the partie legal effect |  |
| Signature of<br>Managing Member/Manager Date Date Daytime Phone #732.335.3880    |  |  |   |  |  |   |  |
| Typed or printed n   | ame of signing Managing Me   | nber/Manager   | John Belo   |  |  |   |  |