2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 28, 2002 8:00 am Secretary of State DOCUMENT # L01000010273 02-28-2002 90041 018 ****50.00 ROSEGROVE II. LLC Mailing Address Principal Place of Business 333 N. NEW RIVER DR. EAST, 3RD FLOOR 333 N. NEW RIVER DR. EAST, 3RD FLOOR FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FELNumber 59-3509413 Applied For City & State City & State Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROPES, JOHN Street Address (P.O. Box Number is Not Acceptable) 333 N. NEW RIVER DR. EAST, 3RD FLOOR FT LAUDERDALE FL 33301 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 ADDITIONS/CHANGES 10. MANAGING MEMBERS/MANAGERS 9. MGRM ☐ Addition Change TITLE ☐ Delete TITLE DAUID ROPES 323 Smith Ridge ROAD NAME NAME STREET ADDRESS STREET ADDRESS New Comman Ct 06840 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition MGRU ☐ Delete TITI F John Ropes NAME 333 Ni New Liver M. E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PT. LAndordsle CITY-ST-ZIP MGRM Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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 canature 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 employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: OR AUTHORIZED REPRESENTATIVE

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