2002 UNIFORM BUSINESS REPORT (UBR)

May 22, 2002 8:00 am § Secretary of State DOCUMENT # L01000010780 05-22-2002 90068 019 ****50.00 CLUB PERFORMAX, L.L.C. Principal Place of Business Mailing Address 966882 1220 SARNO RD. 1220 SARNO RD. MELBOURNE FL 32935 MELBOURNE FL 32935 2. Principal Place of Business, 1208 SARNO 3. Mailing Address 1208 SARNO ROAD DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1133292 Not Applicable Zip Country Zip 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 REINMAN, JAMES L ESQ. Street Address (P.O. Box Number is Not Acceptable) 1825 RIVERVIEW DR. MELBOURNE FL 32901 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 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE TITLE Delete ☐ Addition RODNEY B. STOWART Change NAME 237 TERRANCE ROAD NAME STREET ADDRESS STREET ADDRESS MELBOURNE, FL 32935-6753 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition RISA J. STEWART NAME NAME 231 TERRANCE ROAD STREET ADDRESS STREET ADDRESS MELBOURNE, FL *32*935-6753 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 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.

CITY-ST-ZIP

FILED