2002 UNIFORM BUSINESS REPORT (UBR)

May 13, 2002 8:00 am Secretary of State DOCUMENT # L01000010903 1. Entity Name 05-13-2002 90206 040 ****50.00 WILES PARTNERS, L.L.C. Principal Place of Business Mailing Address 3201 NORTH FEDERAL HWY, STE 300 3201 NORTH FEDERAL HWY, STE 300 960908 FORT LAUDERDALE FL 33306 FORT LAUDERDALE FL 33306 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 65-1119595 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 SAGER, MARK L 3201 N FEDERAL HWY STE 300 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33306 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 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 Managing Member Delete TITLE ☐ Change ☐ Addition NAME Mark L. Sager NAME STREET ADDRESS 3201 N. Federal Hwy #300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Fort Lauderdale, FL 33306 Managing Member TITLE TITLE Change ☐ Addition NAME Jonaš S. Nordal NAME STREET ADDRESS 3201 N. Federal Hwy #300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Fort Lauderdale, FL 33306 TITLE _ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

11. I hereby certify that the information supplied with his 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 trat 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 receiverprint stee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

Mark L. Sager

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIG

Managing Member NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/15/02

954-565-5999

FILED