FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Sep 11, 2002 8:00 am Secretary of State DOCUMENT # L01000012650 1. Entity Name 09-11-2002 90099 012 ****50 00 JAMAICA RESORTS, L.L.C. Principal Place of Business Mailing Address 4141 N.W. 5TH STREET, SUITE 100 4141 N.W. 5TH STREET. SUITE 100 918874 PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address 4337 4331 SAMEST SUNKISC B Blup U). SUURISE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Planetat City & State City & State Applied For 36313 33313 Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired Brownie Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RKEZERKELVT D'AGUILAR, CECIL 4141 N.W. 5TH STREET, SUITE 100 PLANTATION FL 33317 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE 🙀 Delete TITLE CECIL DAGUILAR Savita Kezérle Trustee (T) NAME NAME BIVP Fôr Gold Trust STREET ADDRESS STREET ADDRESS 4337 W.Sunrise Blvd Plantation F1 33313 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Addition IEILEZ Savita Kezerle Trustee(T) NAME NAME For Gold Trust 37 W. Sunice STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP (4337 W.Sunrise Blvd Plantation F1 33313 _ Delete____ TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ■ Addition TITLE Change 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 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. SIGNATURE AND TYPED OR PRINTED NAM GNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2002 UNIFORM BUSINESS REPO	ORT (UBR)	
DOCUMENT # L01000012650 1. Entity Name		Hachment
JAMAICA RESORTS, L.L.C.		
Principal Place of Business Mailing Address		
4141 N.W. 5TH STREET. SUITE 100 4141 N.W. 5TH STREET. SI PLANTATION FL 33317 PLANTATION FL 33317	UITE 100	978876
Principal Place of Business 3. Mailing Address ,		
Suite, Apt. #, etc. FL FL FL FL FL FL FL FL FL F	SI GUNRISE B	DO NOT WRITE IN THIS SPACE
City & State City & State	33313	4. FEI Number Applied For Not Applicable
Zip Country Zip	Browny	5. Certificate of Status Desired \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent D'AGUILAR, CECIL 4141 N.W. 5TH STREET, SUITE 100 PLANTATION FL 33317	Name Address For A C	(PO Box Number is Not Acceptable) W. SUURISE BIVD
8. The above named entity submits this statement for the purpose of changing it	s registered office or register	FL Zip Code 33313
the obligations of registered agent. SIGNATURE SIGNATURE 8-30-202		
Signature, typed or printed name of repisiered agery and title if a pricable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW II! FEE IS \$50.00		
Make Check P	ayable to Department y September 25, 2002	
9. MANAGING MEMBERS/MANAGERS TITLE NAME CECIL DIPGUILAR Delete	10.	ADDITIONS/CHANGES ita Kezerle Trustee (T) Change Addition
STREET ADDRESS H337 W SUMRISE BIND CITY-ST-ZIP PATT AT THE STREET ADDRESS BIND FL 33313	NAME STREET ADDRESS FOR	Gold Trust 7 W.Sunrise Blvd Plantation F1 33313
TITLE CIEUDOU TELLEZ Delete		ita Kezerle Trustee(T) Gold Trust
CITY-ST-ZIP PLANTATION FC 33313		7 W. Sunrise Blvd Plantation F1 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify to indicated on this report is true and accurate and that my signature shall have limited liability company or the receiver or trustee empowered to execute this	e the same legal effect as if .	Made under oath: that I am a managing member or manager of the
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE DATE DATE DAY		