FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 27, 2002 8:00 am Secretary of State DOCUMENT # L01000014079 1. Entity Name 05-27-2002 90408 032 ****50.00 GRAND KEY ESTATES II. L.C. Principal Place of Business Mailing Address 1101 BRICKELL AVE. NORTH TOWER 1101 BRICKELL AVE. NORTH TOWER SUITE 300 SUITE 300 MIAMI FL 33131 MIAMI FL 33131 Principal Place of Busines 01 Brievell A DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$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 MURAI WALD BIONDO & MORENO, P.A. Street Address (P.O. Box Number is Not Acceptable) 900 INGRAHAM BUILDING 25 S.E. 2ND AVE. MIAMI FL 33131 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) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MENBER TITLE ☐ Change ☐ Addition NAME GRAND DEVELOPERS HOLDTING CORP NAME STREET ADDRESS 1101 BRICKELL AVENUE, SULT 400 STREET ADDRESS CITY-ST-ZIP South Tomes, MIAMI, FL 3313, CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT1 F ☐ 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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 ergent reject to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND OPED OR PRINTED NAME

STREET ADDRESS

CITY-ST-ZIP