

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Apr 10, 2002 8:00 am Secretary of State DOCUMENT # L01000014337 -03-25-2002 90163 014 ****50 00 1. Entity Name SPARROW DEVELOPMENT LLC Principal Place of Business Mailing Address ---- 23271 151 NE 16TH AVENUE 151 NE 16TH AVENUE SUITE # 1357 SUITE # 1357 FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State FEI Number Applied For 95-113244b 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 JOHNSON, NEAL Street Address (P.O. Box Number is Not Acceptable) 151 NE 18TH AVENUE SUITE # 1357 FT. LAUDERDALE FL 33301 Zip Code FL 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. (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 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. (9/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition Ares, Sent NAME NAME Occ1 Johnson 151 NEILH Ave - Apt # 1357 33361 CR2E083 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Chance 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 TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delate 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 required or rustee empoyared to execute this report as required by Chapter 608, Florida Statutes. 954-779-7232

ER, MANAGER, OR AUTHORIZED REPRESENTATIVE