2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING

May 01, 2002 8:00 am Secretary of State DOCUMENT # L01000016622 03-29-2002 91215 033 ****50.00 THISTLEDOWN HOUSING PARTNERS LLC Principal Place of Business Mailing Address 3399 PGA BLVD., STE, 450 agrant of the 3399 PGA BLVD., STE. 450 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State FEI Number Applied For 62-1872392 Not Applicable Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _Name___ CUMMINGS, PETER D Street Address (P.O. Box Number is Not Acceptable) 3399 PGA BLVD., STE. 450 PALM BEACH GARDENS FL 33410 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) DATE 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 MOR TITLE ☐ Delete TITLE ☐ Change (9/01) ☐ Addition PETER D. CUMMINGS NAME 3399 PGA BLVD, SUITE 450 STREET ADDRESS STREET ADDRESS CR2E083 CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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-7IP 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

3-8-02

561-630-6110

Daytime Phone #

PETER D. CUMMINGS

EMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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