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2002 UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2002 8:00 am [§] Secretary of State DOCUMENT # L01000016927 04-25-2002 90008 009 ****50.00 AMSTAR FUNDING, LLC Mailing Address Principal Place of Business 630 US HIGHWAY 1 630 US HIGHWAY 1 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 2. Principal Place of Business Mailing Address <u>(</u> 30) 630 4.S. Highway 1 4.S. Highway 1 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite City & State Palm Ćity & State / 4. FEI Number Applied For Palm Beac Beach Nort4 65-1143507 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 3408 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DANIELS, CHARLES J JR. Street Address (P.O. Box Number is Not Acceptable) 14110 LEEWARD WAY PALM BEACH GARDENS FL 33410 Zip Code City 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Addition Change ☐ Delete TITLE harles'J DANIELS, Jr. NAME STREET ADDRESS STREET ADDRESS 1410 Leeward Way FL Palm Beach, GARDENS, FL 33410 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE MGRM Change Addition DUTTON MILLS CAPITALILL NAME 2305 River Woods Drive STREET ADDRESS STREET ADDRESS Na perville, IL 60565 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change Addition MGRM EQUETY HOLDINGS LIC NAME NAME 1080 Fairview Lane Singer Fsland, Fr 33404 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: CHARLES T Daniels To Clos I June 15 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE