FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 18, 2002 8:00 am Secretary of State DOCUMENT # L01000017678 02-18-2002 90183 040 ****50.00 PALM COAST FOREST, LLC Principal Place of Business Mailing Address ONE CORPORATE DR., STE, 3A ONE CORPORATE DR., STE, 3A PALM COAST FL 32137-4715 PALM COAST FL 32137-4715 2. Principal Place of Business 3. Mailing Address 226 E. JOEL BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For LEHITH ACRES, FL 65-1149*597* Not Applicable 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 Name NATIELLO, JOHN Street Address (P.O. Box Number is Not Acceptable) ALLETE PROPERTIES, INC. 226 EAST JOEL BLVD. LEHIGH FL 33972 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE ☐ Addition Change NAME LIVINGSTON, WILLIAM I NAME STREET ADDRESS STREET ADDRESS ONE CORPORATE DR., STE. 3A CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137-4715 TITLE ☐ Delete TITLE ☐ Change ★ Addition CHARLES FAULKNER ONE CORPORATE DR., STE. 3A NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITI F ☐ Change Addition DAVID LUSBY ONE CORPORATE DR., STE 3A NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Delete TITLE **X** Addition JOHN NATIELLO NAME NAME 226 E. JOEL BLVD. STREET ADDRESS STREET ADDRESS LEHISH ACKES, FL 33972 CITY-ST-ZIP CITY-ST-7IP MUR HARBARET HORVATH TITLE □ Delete TITLE NAME NAME 226 E. JOEL BLUD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEHIGH ACRES PL 33972 TITLE ☐ Delete TITI F Addition EILEEN LINEHAN NAME NAME ONE CORPORATE DR. STE 34 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM COAST 11. Thereby 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.

GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE