APR. 30. 2002 4:17PM FOLEY & LARDNER

LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90130 003 ****50.00

DOCUMENT # L01000020576

1. Entity Name: POP II, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9428 BAYMEADOWS ROAD	9428 BAYMEADOWS ROAD
Suite, Apt. #, etc.: SUITE 112	Suite, Apt. #, etc.: SUITE 112
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32256 Country: USA	Zip: 32256 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 311813967 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: F&L CORP

Street Address (P.O. Box Number is Not Acceptable): 200 LAURA STREET

City: JACKSONVILLE FL Zip Code: 32202

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] Thomas F. Beeckler

Signature, typed or printed name of registered agent and title if applicable.

DATE: 4/30/02

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT THOMAS F. BEECKLER 9428 BAYMEADOWS ROAD SUITE 112 JACKSONVILLE FL 32256	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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

SIGNATURE: [signature] THOMAS F. BEECKLER 4/20/02 904-737-9111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #