LIMITED LIABILITY COMPANY UNIFORM BÜSINESS REPORT (UBR)

DOCUMENT # L02000005226

Picerne Cedar Point, LLC



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

000014095640 06/14/03-01092-002 **55,00 2. Principal Place of Business 3. Mailing Address 247 North Westmonte Drive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For Altamonte Springs, FL Mot Applicable Country \$5.00 Additional Zip 32714 5. Certificate of Status Desired USA Fee Required 7. Name and Address of Current Registered Agent Name W. Terry Costolo DO NOT WRITE Street Address (P.O: Box Number is Not Acceptable) IN THIS SPACE 301 E. Pine Street, Suite 1400 City Orlando 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. I am familiar with, and accept the obligations of registered agent. FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS 9. TITLE CR2E083B (12/02) TITLE Manager / Member NAME NAME Robert M. Picerne STREET ADDRESS STREET ADDRESS 247 N. Westmonte Drive CITY-ST-ZIP CITY-ST-ZIP. Altamonte Springs EL 3271 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP -TiTI =--TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL€ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS

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.

STREFT ADDRESS

CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

(407) 772-0200