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Jul 21, 2003 8:00 am

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Daytime Phone #

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # L02000006460 07-07-2003 90075 002 ****50.00 1. Entity Name THE PICKET FENCE, LLC Principal Place of Business Mailing Address **51816066** 3415 HIBISCUS DRIVE 3415 HIBISCUS DRIVE FT. MYERS FL 33901 FT. MYERS FL 33901 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State Not Applicable Zip Zip Country 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 KYLE, KEVIN A 1520 ROYAL PALM SQUARE BLVD. Street Address (P.O. Box Number is Not Acceptable) **SUITE 320** FT. MYERS FL 33919 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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 Florida Department of State Due By September 24, 2003 ADDITIONS / CHANGES 9. MANAGING MEMBERS/MANAGERS 10. mark-owner TITLE TITLE ☐ Change ☐ Addition Delete Jana J Brunson NAME NAME CR2E083 STREET ADDRESS STREET ADDRESS 5415 mbiscus De CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME المراجع المناور مرايسون STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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'

Attachment

7/7/2003-90075-002-\$50.00-\$50.00

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| mistize 1. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes, I further certify that the information indicated on the report is true and and that my significate shall have the same legal effect as if make under outly, that I am a managing member or manager of the similar labelity company or the recommendation are empowered to execute this report as required by Chapter 608. Florida Statutes, | thereby certify that the endicated on this report | NI IS NO BIND BUCURATE AND T | ART ILLA STOLL BITTE & CLUSH USAN | for the exem | plion stated in Sectional | under outh; the | ulian⊓a ma⊲acatomin | other cently to a member or | nat the int | formation of the |