2003 LIMITED LIABILITY COMPANY

Feb 26, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR 01-24-2003 90257 004 ****50.00 DOCUMENT # L02000009991 LARUS PROPERTIES L.L.C. **UUULINNU** Principal Place of Business Mailing Address 3511 PLOVER AVE., STE. 101 3511 PLOVER AVE., STE, 101 NAPLES FL 34117 NAPLES FL 34117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Numbe Applied For 04-3648236 Not Applicable Zio 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 FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DR. **CLEARWATER FL 33761** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. INOTE: Registered Age FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS. ADDITIONS/CHANGES TITLE TITLE ☐ Delete ☐ Change ☐ Addition WOLNY, LARRY A STURE OF THE STATE NAME NAME 一一班的企業 STREET ADDRESS 3511 PLOVER AVE., STE. 101 STREET ADDRESS CR2E083 CITY-ST-ZIP NAPLES FL 34117 CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change Addition WOLNY, RUSTY NAME NAME 3511 PLOVER AVE., STE. 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF NAPLES FL 34117 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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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.

MAME

STREET ADDRESS

CITY-ST-7P

NAME

STREET ADDRESS

CITY-57-71P

Date Daytime Phone 2