2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

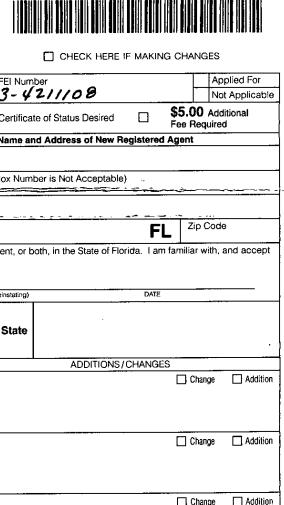
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FENDWICK ENTERPRISES, LLC Principal Place of Business Mailing Address **プロロエオエロや** 3500 FAIRLANE FARMS ROAD 3500 FAIRLANE FARMS ROAD SUITE 12 SUITE 12 WELLINGTON FL 33414 **WELLINGTON FL 33414** 2. Principal Place of Business 3. Mailing Address - SAME-Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 13-4211108 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FUCHS, LAWRENCE M ESQ. Street Address (P.O. Box Number is Not Acceptable) FUCHS AND JONES, P.A. 590 ROYAL PALM BEACH BLVD. **ROYAL PALM BEACH FL 33411** City 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. DATE 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 Florida Department of State Due By May 1, 2003 ADDITIONS/CHANGES 10. MANAGING MEMBERS/MANAGERS MGR ☐ Addition ☐ Change TITLE ☐ Delete TITHE KAHN, RAYMOND NAME NAME STREET ADDRESS 3500 FAIRLANE FARMS ROAD, SUITE 12 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF **WELLINGTON FL 33414** Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ■ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED Jan 22, 2003 8:00 am Secretary of State

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11. I hereby certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 indicated on this report is true a his report as required by Chapter 608, Florida Statutes. limited liability company or the

MANAGER, OR AUTHORIZED REPRESENTATIVE

1-15-03