2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

| FILED |
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| May 07, 2003 8:00 am |
| Secretary of State 04-21-2003 90126 023 ****50.00 |
| 04-21-2005 70120 025 |

DOCUMENT # L02000023063 1. Entity Name CAMPA INVESTMENTS, LLC 55038313 Principal Place of Business Mailing Address 1336 VERONA STREET 1336 VERONA STREET DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent-7. - Name and Address of New Registered Agent - ---Name PATTERSON, CYNTHIA" **1336 VERONA STREET** Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32114 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. SIGNATURE ered agent and title it epplicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MILE Delete Change ☐ Addition CR2E083 (10/02) JEFFREY, PATTERSON NAME NAME 1336 VERONA STREET STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32114 CITY-ST-ZIP CITY-ST-ZIP MGRM . 🔲 Deleta TITLE ☐ Change ☐ Addition CYNTHIA, PATTERSON NAME NAME STREET ADDRESS **1338 VERONA STREET** STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP MGRM TITLE Delete ·TITLE · Change WILLIAM, PATTERSON NAME NAME STREET ADDRESS 1305 34TH AVENUE STREET ADDRESS VERO BEACH FL 32960 CITY-ST-ZIP CITY-ST-ZIP **V.GP.W** TITLE ☐ Addition ☐ Detete LAURENE, PATTERSON NAME NAME STREET ADDRESS 1305 34TH AVENUE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delate TITLE ☐ Addition Change NAME ` NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP

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: LINTER AND THE TOTAL BEI

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(386)252-6884

Daytime Phone #