2003 LIMITED LIABILITY COMPANY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER

FILED Mar 19, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR DOCUMENT # L02000023604 1. Entity Name 03-19-2003 90044 044 ****50.00 COUNTRY CLUB LANDINGS, LLC Principal Place of Business Mailing Address 4900 NORTH OCEAN BOULEVARD. #715 4900 NORTH OCEAN BOULEVARD, #715 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Commercial Blud 218 Commercial Blud Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 36-4506550 Not Applicable Country USA \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CLARK, THOMAS M 2400 EAST COMMERCIAL BOULEVARD, #820 Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33308 Commercial Blue 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. the obligations of registered agent name of registered agent and title (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 . MGR MGR Goodrich, Daniels, Schange [218 Commercial Blud Ste 101 Delete TITLE NAME GOODRICH, DANIEL S NAME STREET ADDRESS 4900 NORTH OCEAN BOULEVARD, #715 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-ZIP Lauderdale by the Sea FL 33308 TITLE ☐ Delete TITLE NAME NAME 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 ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with his 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 fustee empowered to execute this report as required by Chapter 608, Florida Statutes.