FILED 2003 LIMITED LIABILITY COMPANY Apr 25, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L02000025653 04-25-2003 90751 041 ****50.00 CHARLOTTE HARBOR DEVELOPMENT, LLC Mailing Address Principal Place of Business 3191-B HARBOR BLVD. 3191-B HARBOR BLVD. PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33952 2. Principal Place of Business 3. Mailing Address 13435 S. McCall Road 13435 S. McCall Road Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number Englewood, Florida? 57-1144313 Englewood, Florida Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired 33981 33981 U.S.A. U.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Murray Baker Registered Agent was DUNN, GAROL J / ∕previously changed on Street Address (P.O. Box Number is Not Acceptable) 31914B HARBOR BLVD. 12/24/02 to Murray 13435 S. McCall Road BORT CHARLOTTE FL 33952 Baker. Englewood, 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 age Murray Baker (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of ristered agent and title if applicable. 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 TITI F TITLE ☐ Change Delete GED PAL, 7959 DOWN RALL, #102, NARLES, FLORINA NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE MCMR TIWH TERRAL NAPLY, FLORIDA NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition. . Delete MGRM----NAME NAME GORDON M. BAKER STREET ADDRESS STREET ADDRESS 13435'S. McCall Road CITY-ST-ZIP CITY-ST-7IP Englewood, FL 33981 ☐ Delete ☐ Change X Addition TITLE NAME NAME THOMAS SMITH 90 MONTHOMALL PERCAUL STREET ADDRESS STREET ADDRESS SKELMORLIE, AYRSHINE, SCOWAM) CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE MGRM . . . NAME PATRICK J. O'REGAN, 5 LALLWHILL, LIMHILK NAME STREET ADDRESS STREET ADDRESS (RELAND CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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: _

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

4/21/03

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