Apr-30-03 02:23pm From-COHEN NORRIS SCHERER 5813424| 5/6/2

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State
05-06-2003 90060 015 ****50.00

DOCUMENT # L02000026742

1. Entity Name
CASA LOMA HOSPITALITY, LLC

44004119

[redacted]

Principal Place of Business	Mailing Address
712 U.S. HIGHWAY ONE, STE 400 NORTH PALM BEACH FL 33408	712 U.S. HIGHWAY ONE, STE 400 NORTH PALM BEACH FL 33408

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
3608 DEL PRADO	3281 CROSSINGS CT
Suite, Apt. #, etc.	Suite, Apt. #, etc. D101
City & State CAPE CORAL, FL	City & State BONITA SPRINGS,
Zip Country USA	Zip FL Country USA

4. FEI Number 22-3877216 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COHEN, FRED C 712 US HIGHWAY ONE, SUITE 400 NORTH PALM BEACH FL 33408	Name KAREN BOTHWELL, MANAGING MEMBER Street Address (P.O. Box Number is Not Acceptable) 3281 CROSSINGS CT D101 City BONITA SPRINGS FL Zip Code 34134

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 Karen D. Bothwell 6-3-03
Signature required when changing registered agent. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Bothwell Investment Gray Mngmnt, Ltd. 3281 Crossings Ct., Unit D101 Bonita Springs, FL 34134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager RBB Investments, LLC 3281 Crossings Ct., Unit D101 Bonita Springs, FL 34134 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Tropical Resorts, Inc. 1683 Persimmon Drive Naples, FL 34109 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 605, Florida Statutes.

SIGNATURE: Karen D. Bothwell MANAGING MEMBER 4-30-03 (239)641-9832
SIGNATURE REQUIRED OR PRINTED NAME OF MEMBER MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

OR 495-1146