LIMITED LIABILITY COMPANY

SIGNATURE

UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # L02000032900 1. Entity Name 103 APR 116 PM 2: 110 TAS-8610 Broadway, San Antonio LLC SECRETARY OF STRAITE LALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 12800 University Drive 12800 University Drive. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 340 Suite 340 City & State City & State 4. FEI Number Applied For 37-1450945 Fort Myers, FL Fort Myers, FL Not Applicable Zip 33907 Zip 33907 Country Country \$5.00 Additional 5. Certificate of Status Desired ŬŠĀ USA Fee Required 7. Name and Address of Current Registered Agent Bolanos Truxton, PA DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 12800 University Drive, Suite 340 City Fort Myers 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 FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. THLE TITLE . MGR Tasman, Gary L. 6627 Daniel Court Fort Myers, FL 33908 NAME NAME: 000016117220 STREET ADDRESS STREET ADDRESS U4/16/U3--U1US2--Q06 | **50.00 / · CUY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE TITLE NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE TITLE ... NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP

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

11. I hereby certify that the information subset of 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.