→ 2004 LIMITED LIABILITY COMPANY

FILED Mar 19, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L03000016447** 1. Entity Name MJS PROPERTIES, LLC 03-19-2004 90271 008 ****50.00 Principal Place of Business Mailing Address 509 GUISANDO DE AVILA, STE. 200 509 GUISANDO DE AVILA, STE. 200 TAMPA, FL 33613-5253 TAMPA, FL 33613-5253 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01202004 CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 59-2670369 Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIERRA, MICHAEL J 509 GUISANDO DE AVILA, STE. 200 Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33613-5253 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGRM TITLE ☐ Change Addition ☐ Delete SIERRA, MICHAEL J 509 GUISANDO DE AVILA SIERRA, MICHAEL NAME #200 STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL 33613 TAMPA ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition 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 ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

11. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

03/05 2004 813-963-5856 SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE