FILED Jun 08, 2006 8:00 am Secretary of State 05-02-2006 90043 016 **** 50.00

| Missing Address ON CAPITA PARTHESS MC ONE NORPHODENT BOWE. SUITE 114 MCKSONMULE. FL. 32202 2. Principal Page of Business Suite. April 4, edic. D4212008 Chg-LLC CRE688 (11/05) April 4, edic. D4212008 Chg-LLC CRE688 (11/05) | 1. Entity Name VINELAND CAPITAL GP LLC | | | | | |
|---|--|----------------|--|---------------------------------------|---|--|
| Sulte, Apt. #, etc. City & Suste Applied For Non-Registered Agent To Name and Address of Current Registered Agent Non-Registered Agent To Name and Address of Non-Registered Agent Non-Registere | C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT DRIVE, SUITE 114 | | C/O CAPITAL PARTNERS, INC. ONE INDEPENDENT DRIVE, SUITE 114 | | 3000929 | |
| City & Sizes Application 4. FEI Number S. Certificate of Sizes Desired \$5.00 Auditional for National Desired \$5.00 Auditional for National Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTIN, FL 33331 City & Sizes Address Fr.O. Box Number is Not Acceptable) One Independent Drive Se III4 City Casconville FL 2933202 Street Address Fr.O. Box Number is Not Acceptable) One Independent Drive Se III4 City Casconville FL 2933202 Name and Address of Course III4 City Casconville FL 2933202 Name and Address of Course III4 City Casconville FL 2933202 Name and Address of Course III4 City Casconville FL 2933202 Name and Address of Course III4 City Casconville FL 2933202 Name and Address of Course III4 City Casconville FL 2933202 Name and Address of Course III4 City Casconville FL 2933202 Name and Address of Course III4 City Casconville FL 2933202 Name and Address of Course III4 Name | 2. Principal Place of Business | | 3. Mailing Address | | 1 11 11 11 11 11 11 11 11 11 11 11 11 1 | |
| S. Name and Address of Current Registered Agent S. Certificate of Status Desires S. 50.00 Additional Technology S. Certificate of Status Desires S. 50.00 Additional Technology S. Certificate of Status Desires S. 50.00 Additional Technology S. Certificate of Status Desires S. 50.00 Additional Technology S. Certificate of Status Desires S. 50.00 Additional Technology S. Certificate of Status Desires S. 50.00 Additional Technology S. Certificate of Status Desires S. Certific | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04212006 Chg-LLC CR2E083 (11/05) | |
| S. Certificate of Status Desired S. Certificate of Status Desired S. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTIN, FL 33331 One Incle pendent Drive, Se III4 Ch. Tacksonville FL 20362000 S. The above namyd yfdy fubrate pring pring first for the purpose of charging its registered office or registered agent, or both, in the State of Florida. I am territion with, and accept rise obligations of glossyled agent pring first from purpose of charging its registered office or registered agent, or both, in the State of Florida. I am territion with, and accept rise obligations of glossyled agent and the registered Agent Agent agent are the chiquitan managery of the principle of principle of gent and the floridate. SIGNATURE Filling Foe is \$50,00 Due by May 1, 2006 Filling Foe is \$50,00 Due by May 1, 2006 Filling Foe is \$50,00 Due by May 1, 2006 Filling Foe is \$50,00 TILL MARK DOES MANAGING MEMBERS/MANAGERS 10. MEMBERS/MANAGING MEMBERS/MANAGERS 10. MARK MILLIAND DOES MILL MARK SIREL ADDRES CITY-51-3P TILL MARK SIREL ADDRESS CITY-51-3P TILL MARK SIREL ADD | | | | | J. J | |
| NATA SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTIN, FL 33331 One Independent Drive, See IIII One Independent Driv | Zip | | <u> </u> | Country | | |
| Filling Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS / MANAGERS 10, | NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTIN, FL 33331 One Independent Drive, Ste II City Tacksonville 8. The above named sprity submits this exercise to the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam tamiliar with a | | | | | |
| P. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITTLE Octobe ITTLE NAME | | | | | | |
| TITLE Delete TITLE MARK | Filing Fee is \$50.00 Due by May 1, 2006 | | | | • | |
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| NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is type approaching the information indicated on this report is type approaching the information indicated in the property of the receiver or trustee in powered to execute this report as required by Chapter 598, Florida Statutes. | HAME Street Address | | ☐ Delete | NAME STREET ADDRESS | ☐ Change ☐ Addition | |
| indicated on this report is too 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 of the receiver or trustees inpowered to execute this report as refluired by Chapter 698, Florida Statutes. | NAME STREET ADDRESS CITY-ST-ZIP | | | NAME STREET ADDRESS CITY-SI-ZIP | | |
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