APPRUVED 2000 UNIFORM BUSINESS REPORT (UBR) L95000000309 DOCUMENT # 1. Entity Name 00 APR -6 AM 10: 24 ROCKDALE PROPERTIES, L.C. SECRETARY OF STATE TALL'AHASSEE, FLORIDA Principal Place of Business Mailing Address 4486 S.W. BIMINI CIR. S 4486 S.W. BIMINI CIR. S PALM CITY FL 34990 PALM CITY FL 34990-1349 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-1926594 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCMANUS, PETER D Street Address (P.O. Box Number is Not Acceptable) 4486 S.W. BIMINI CIR. S. PALM CITY FL 34990 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. 9. nobloba 🔄 📗 TITLE **MGRM** Delete TITLE MCMANUS, WALTER L JR. *****50.00 NAME ****50.00 STREET ADDRESS 204 E. JOPPA RD., PH 3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOWSON MD 21286 ☐ Addition TITLE ☐ Delete TITLE MAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY-81-ZIP Addition ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-81-21P CITY - ST - 71P Change Addition TITLE Delete TITLE NAME BLMF STREET ADDRESS STREET ACORESS CITY - ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE MAME MAME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP EITY-ST-ZIP 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.

Daytime Phone #