2002 UNIFORM BUSINESS REPORT (UBR)

May 06, 2002 8:00 am Secretary of State DOCUMENT # L9600001109 1. Entity Name 05-06-2002 90191 014 ****50.00 1536 NW 36TH ST. L.C. Principal Place of Business Mailing Address 419 WEST 49TH STREET, #106 954888 419 WEST 49TH STREET, #106 HIALEAH FL 33012-3602 HIALEAH FL 33012-3602 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 65-0704518 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 7800 NE 2ND AVE, L.C. Street Address (P.O. Box Number is Not Acceptable) 419 WEST 49TH STREET, #106 HIALEAH FL 33012-3602 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MEM Delete TITLE ☐ Change ☐ Addition NAME RJR ENTERPRISES, LLC NAME STREET ADDRESS 419 WEST 49TH STREET, #106 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33012-3602 TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition NAME FISHER, RONALD P NAME STREET ADDRESS 1801 CENTURY PARK EAST, #2400 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90067-2326 MGR TITLE ☐ Delete TITLE ☐ Change Addition NAME FISHER, JAMES Q NAME STREET ADDRESS 1801 CENTURY PARK EAST, #2400 STREET ADDRESS CITY-ST-ZIP LOS ANGELES CA 90067-2326 CITY-ST-ZIP TITLE MGR Delete ☐ Change ☐ Addition NAME FISHER, RICHARD J STREET ADDRESS 1801 CENTURY PARK EAST, #2400 STREET ADDRESS CITY-ST-ZIP LOS ANGELES CA 90067-2326 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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

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 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAN.

CiTY-ST-ZIP

3055566627

FILED