2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT #: L97000000742 1. Entity Name FILED SECRETARY OF STATE DIVISION OF CORPORATIONS CHANNELSIDE PARTNERS, L.C. 00 SEP 20 AM 10: 02 Principal Place of Business Mailing Address 2730 CENTRAL AVE. 2730 SENTRAL AVE. ST. PETERSBURG FL 33712 PETERSBURG FL 33712 3. Mailing Address 314 Belle Isle 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Gity & State, 4. FEI Number Applied For 59-3456044 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent (Ampel) KNAUST, WARREN J Street Address (P.O. Box Number is Not Acceptable) 2730 CENTRAL AVE. ST. PETERSBURG FL 33712 City Belle gir Minits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE FILE NOW!!! FEE IS \$50.00 (Make Check Payable to Department of State -- MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Part MGRM Addition CR2E083 (5/00) TITLE TITLE MGRM Delete Dennis Campbell KNAUST, WARREN J NAME NAME 314 Belle Fste ave STREET ADDRESS STREET ADDRESS 2730 CENTRAL AVE CITY-ST-ZIP SI_PETERSBURG FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST-ZIP TITLE ☐ Delete : يشيدي 🗝 TITLE -- -- Change -- Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F 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 peciver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

NAME

S.GNATUZE, REQUISE()

☐ Delete

☐ Delete

President/manager

727593969

Change

☐ Change

☐ Addition

☐ Addition

Daytime Phone