FILED

Jan 15, 2003 8:00 am

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # L9700001037 1. Entity Name 01-15-2003 90047 044 ***150.00 LAST RESORT HOLDINGS, L.C. Principal Place of Business Mailing Address 1014 LAKE AVE 1014 LAKE AVE LAKE WORTH FL 33460 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0787458 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 FERGUSON, A J JR. u So N 4811 122ND DRIVE NORTH **ROYAL PALM BEACH FL 33411** 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 and title if applicable (NOTE: Registered Agent signature required when reinstating FILE-MOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MRGM TITLE CR2E083 (10/02) MRGM ☐ Defete Change Addition NAME FERGUSON. A J JR. NAME STREET ADDRESS 4811 122ND DRIVE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 MRGM Delete TITLE ☐ Addition FERGUSON, DAWN NAME NAME STREET ADDRESS 4811 122ND DRIVE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ROYAL PALM BEACH FL 33411 TITLE MRGM ☐ Delete TITLE Change Addition NAME SOCHER, BARBARA R NAME 327 Nov+L"B" STREET ADDRESS 4811 122ND DRIVE NORTH STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ROYAL PALM BEACH FL 33411 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01/05/63 561-580