## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 22, 2002 8:00 am Secretary of State L97000001437 DOCUMENT # 1. Entity Name 04-22-2002 90241 030 \*\*\*\*55.00 INTERCOASTAL HOLDINGS, L.L.C. Principal Place of Business Mailing Address 760 US HIGHWAY ONE. SUITE 206 760 US HIGHWAY ONE, SUITE 206 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 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 65-0808614 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent とうなって C.DELAUEY SHAFFER, ROGER L Street Address (P.O. Box Number is Not Acceptable) 2201 CORPORATE BLVD., N.W., SUITE 105 **BOCA RATON FL 33431** West Palm Reach 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. DAVID C.DELAUEY SIGNATURE (NOTE: Registered Agent signature re 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 **MGRM** TITLE Delete TITLE ☐ Change **Addition** ZENTZ, ROY C NAME NAME STREET ADDRESS 16846 128TH TRAIL STREET ADDRESS CITY-ST-ZIP JUPITER FL 33478 CITY-ST-ZIP Namas MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FERNSHAW INVESTMENTS, LTD. NAME STREET ADDRESS CHARLOTTE HOUSE, CHARLOTTE ST. STREET ADDRESS CITY-ST-ZIP NASSAU, BAHAMAS CITY-ST-ZIP MGR TITLE ∸□ Delete TITLE ☐ Change ☐ Addition NAME O'LEARY, MARILYN R NAME STREET ADDRESS 701 ST. GILES COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PALM BEACH GARDENS FL 33418 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 CITY-ST-ZIE CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition