2000 UNIFORM BUSINESS REPORT (UBR) L98000000418 DOCUMENT # SECRETARY OF STATE DIVISION OF CORPORATIONS 1. Entity Name YUCATAN EAST INVESTMENTS, L.C. 6 AM 11: 56 Principal Place of Business Mailing Address 1602 RIO COVE COURT 1602 RIO COVE COURT ORLANDO FL 32825 ORLANDO FL 32825-8315 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3504409 Not Applicable Zip Country 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 RIVERO, CARLOS A Street Address (P.O. Box Number is Not Acceptable) 1602 RIO COVE COURT ORLANDO FL 32825 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) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. Addition MGRM Change TITLE Design TITLE MAME RIVERO. CARLOS A NAME nf 3/20/00 1602 RIO COVE COURT STREET ADDRESS STREET ADDRESS CITY-8T-ZIP ORLANDO FL 32825 CITY - ST- ZIP Date to Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 70000317848 -03/21/00--01#Q& CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Addition ☐ Deteta 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-8T-ZIP CITY- \$1-ZIP ☐ Deleto Change ☐ Addition TITLE NAME STREET ADDRESS CITY- ST- ZIP ---- et zin 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 ampowered to execute this report as required by Chapter 608, Florida Statutes.

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