FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 18, 2002 8:00 am Secretary of State DOCUMENT # L9800001223 1. Entity Name 09-18-2002 90054 036 ****55.00 TRI STAR TITLE. L.C. Mailing Address Principal Place of Business 19 OLD KINGS RD. N. 19 OLD KINGS RD. N. SUITE C-105 SUITE C-105 PALM COASTINE FL 32137 PALM COASTINE FL 32137 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE . Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3525699 City & State Not Applicable \$5.00 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 4 6. Name and Address of Current Registered Agent John T. Lajoie GRAY, LOCKWOOD D Street A2075 (PCent Number of Not Acceptable) vard 201 NORTH FRANKLIN STREET, STE 2100 TAMPA FL 33602 Tallahassee 8. The above named entity submits this statement for the purpose of changing its registered sice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. John T. LaJoie 8/17/02 gent signature required when reinstating) Signature, typed or printed name of registered agent and title if FILE NOW! /FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. L_ Addition Change TITLE Delete TITLE NAME: PALM COAST ABSTRACT TITLE, INC. NAME STREET ADDRESS STREET ADDRESS 90 OLD KINGS RD. N. SUITE C-105 CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 ☐ Change] Addition TITLE ☐ Delete MGRM NAME FLAGSHIP COMMUNITIES, LLC STREET ADDRESS 430-B ROYAL PINES PKWY, STE 960 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ST.AUGUSTINE FL 32092 MGRM Fred Rioley (Personal) .□ Change TITLE MGRM . Delete TITLE Foley & Lardner 100 N. Tampa St., Suite 2700 ANNIS, MITCHELL, COCKEY, EDWARS, & ROEHN NAME NAME STREET ADDRESS STREET ADDRESS ONE TAMPA CITY CENTER, SUITE 2100 Tampa, FL 33601 CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33602** Change ☐ Addition TITI F Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Segion 119.97(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 regal 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