FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am DOCUMENT # L98000001315 **Secretary of State** 1. Entity Name 03-25-2002 90020 003 ****50.00 MUSTANG GROUP, L.C. Principal Place of Business Mailing Address 2900 HAMMONDVILLE RD P.O. BOX 1165 B0048198 POMPANO BEACH FL 33069 POMPANO BEACH FL 33061 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 65-0854707 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 Name VAN VURST, HENRY Street Address (P.O. Box Number is Not Acceptable) 2800 HAMMONDVILLE ROAD POMPANO BEACH FL 33060 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 & Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITI F Addition ☐ Delete TITLE ☐ Change NAME van vurst, henry NAME STREET ADDRESS STREET ADDRESS 2800 HAMMONDVILLE ROAD CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE: SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE