APPROVED

2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # L98000001652 1. Entity Name 00 HAY 23 PM 2: 33 BARON RIVERWALK, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7826 COOPER ROAD 7826 COOPER ROAD CINCINNATI OH 45242 CINCINNATI OH 45242-7619 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number APPLIED FOR 31-1675463 Not Applicable Zip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCGRATH, GREGORY K Street Address (P.O. Box Number is Not Acceptable) 4561 GULF TO MEXICO DR., #101 LONGBOAT KEY FL 34228 Zip Code FL 8. The above named e s this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE red 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 MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. 9. MGR Addition TITLE Delete TITLE MCGRATH, GREGORY K NAME 500003289615 STREET ADDRESS 7826 COOPER ROAD STREET ADDRESS -06/14/00--01102--007 **CINCINNATI OH 45242** CITY-ST-ZIP CITY- ST- ZEP 未未未未之[2] [1]] TITLE ☐ Delete IIII F NAME NAME STREET ADDRESS STREET ANDRESS CITY ST. 71P CITY- ST- ZIP Change Addition TITLE Delete Diff لو أشهه فيها تامتايسا الراراء MAME MAME STREET ADDRESS STREET ADDRESS C1TY- ST- 71P CITY- ST- 7IP Addition Channa Delete TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY- 81-71P CITY- ST- ZIP Addition Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE ☐ Addition TTAE STREET ADDRESS STREET ADDRESS not gralify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 11. I hereby certify that the information fiall have the same legal effect as if made under oath; that I am a managing member or manager of the secure this report as required by Chapter 608, Florida Statutes indicated on this report is true and act limited liability company or the

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER