LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L 98 00 000 1985 1. Entity Name

FILED May 12, 2002 8:00 am Secretary of State

05-12-2002 90577 006 ****50.00

PWRPB Properties, L.L.C.				
DO NOT WRITE IN THIS SPACE		957295		
2. Principal Place of Business 1/337 OKeechobee Blvd 1/337 OKeechobee	chobee Blud			
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
Royal Palm Beach, FL Royal Palm Beach, FL		4. FEI Number 65-0874626 Applied For Not Applicable		}
33411 Country 33411	Country USA	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent UMEL, Eric M. P.O. Box Number is Not Acceptable) OKeechobee Blud. Palm Beach FL Zip Code 333411		
8. The above named entity submits this statement for the purpose of changing its r SIGNATURE Signature: Typed or printed name of registered agent and title if applicable.	registered office or registere	ed agent, or both, in the State of Florid	a.	
F Make Check Pay	EE IS \$50.00 able to Department of UE BY MAY 1	State	DALE	
TITLE MGR NAME Baumel, Eric M. STREET ADDRESS 14791 Farrier Place CITY-ST-ZIP Wellington, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		CR2E083B (12/01)
NAME Dewar, Donald STREET ADDRESS REST ADDRESS CITY-ST-ZIP West Palm Beach, FL 334/1	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		CR2E
TITLE NAME STREET ADDRESS CITY-ST-JIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SE	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report is true and accurate and that my signature shall have the limited liability company or the receiver or trustee empowered to execute this report is true.	ne exemption stated in Secte same legal effect as if ma port as required by Chapte	de under oath; that I am a managing 608, Florida Statutes.	member or manager of the	
SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGEM MANA	GER, OR AUTHORIZED REPRESENT	ATIVE Date	61-795-6921 Daytime Phone •	

DONALD DEWAR