2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am DOCUMENT # L98000002358 **Secretary of State** 1. Entity Name 02-26-2002 90084 045 ****55.00 WHB PARKING SYSTEMS, LLC Principal Place of Business Mailing Address 1330 S.E. 4TH AVENUE. SUITE D 1330 S.E. 4TH AVENUE, SUITE D FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0908011 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BODENHAMER, WILLIAM H JR. Street Address (P.O. Box Number is Not Acceptable) 1330 S.E. 4TH AVENUE, SUITE D FORT LAUDERDALE FL 33316 City Zip Code Fi 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) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE ☐ Change Addition NAME NAME . BODENHAMER, WILLIAM H JR. STREET ADDRESS STREET ADDRESS 1330 S.E. 4TH AVENUE, SUITE D CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 ☐ Addition TITLE ☐ Delete ☐ Channe NAME NAME . STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

CR2E083 (9/01)