FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 07, 2002 8:00 am Secretary of State DOCUMENT # L9800002840 1. Entity Name 05-07-2002 90390 002 ****50.00 BOCA ISAN, L.L.C. Principal Place of Business Mailing Address 2420 N.E. 27TH STREET -2420 N.E. 27TH-STREET-LIGHTHOUSE POINT FL 33064 Q 55949 LIGHTHOUSE POINT FL 93084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 389 M.W. 136TH AVENUE City & State 4. FEI Number Applied For 65-0959273 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired AZU Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ISAN, JERRY Street Address (P.O. Box Number is Not Acceptable) 2420 N.E. 27TH STREET LIGHTHOUSE POINT FL 33064 City Zip Code FL 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 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 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE ☐ Delete TITLE Change ☐ Addition ISAN, JERRY B NAME NAME STREET ADDRESS 2420 N.E. 27TH STREET STREET ADDRESS CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 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 TITL F ☐ 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-ZIF CITY-ST-ZIP TITLE ☐ Delete

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

JPG REQUIRED JCYLY ISAN 204-24-02 (954)846-8400
SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date

Date

Date

Despire Priorie #