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2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF

Apr 25, 2002 8:00 am § Secretary of State DOCUMENT # L9900000018 04-25-2002 90007 006 ****50.00 SUNSET COVE AT HOLMES BEACH, L.L.C. Principal Place of Business Mailing Address 13041 AUTOMOBILE BLVD. 13041 AUTOMOBILE BLVD. **CLEARWATER FL 34622** CLEARWATER FL 34622 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 59-3555997 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ... 7. Name and Address of New Registered Agent Name ORNS, LONNIE T Street Address (P.O. Box Number is Not Acceptable) 13041 AUTOMOBILE BLVD. CLEARWATER FL 34622 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) 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 MGR ☐ Delete TITLE Change ☐ Addition ORNS. LONNIE T NAME STREET ADDRESS 13041 AUTOMOBILE BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 34622** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE - Delete TITLE - 🔲 Change -☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 accyliate 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.

ER, OR AUTHORIZED REPRESENTATIV