2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 APR 29 AM 10: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000244

1. Entity Name
ALIGNMENT SOLUTIONS, L.L.C.

Principal Place of Business	Mailing Address
6075 PELICAN BAY BLVD.. SUITE 501 NAPLES FL 34108	6075 PELICAN BAY BLVD.. SUITE 501 NAPLES FL 34108-7113

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 706 TAMARIND CT	Suite, Apt. #, etc. 706 TAMARIND CT MNM
City & State NAPLES FL	City & State NAPLES FL
Zip 34108 Country USA	Zip 34108 Country USA

4. FEI Number 22-3632376 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHOEMER, JOHN 6075 PELICAN BAY BLVD., SUITE 501 NAPLES FL 34108	Name JOHN R. SCHOEMER Street Address (P.O. Box Number is Not Acceptable) 706 TAMARIND CT City NAPLES FL Zip Code 34108

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] DATE 4/24/00

Signature, typed or printed name of registered 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

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHOEMER, JOHN ~~6075 PELICAN BAY BLVD., SUITE~~ 501 NAPLES FL 34108 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☑ Addition 706 TAMARIND CT NAPLES FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDBERG, LEE H 155 EAST 76TH STREET APARTMENT 9H NEW YORK NY 10021 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400003249274--2 -05/11/00--01114--012 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (9/99)

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.

SIGNATURE: [signature] JOHN R. SCHOEMER, TREAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date 4/24/00 Daytime Phone 941-566-2983