FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2002 8:00 am Secretary of State DOCUMENT # L9900000880 1. Entity Name 04-30-2002 90107 038 ****50.00 R.E. GENERAL INVESTMENTS, L.L.C. Mailing Address Principal Place of Business 347062 821 SPRING PARK LOOP 935 N. COCOA BLVD. **COCOA FL 32922 CELEBRATION FL 34747** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0895108 Not Applicable Country \$5.00 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required - 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ELDA FERRANDO MULATERO MIRTHA, VALDES, MARTIN, CPA, PA Street Address (P.O. Box Number is Not Acceptable) 8213PRING PARK 120 INTERNATIONAL PARKWAY SUITE 220 LOOP **HEATHROW FL 32746** City CELEBRATION 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 VICEPRES IDENT ELDA MULATERA SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Addition ☐ Change **MGRM** TITLE ☐ Delete TITLE DE MULATERO, ELDA FERRANDO NAME NAME STREET ADDRESS 935 N. COCOA BLVD. STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP COCOA FL 32922 ☐ Addition Change MGRM TITLE ☐ Delete TITLE MULATERO, RICARDO NAME STREET ADDRESS 935 N. COCOA BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32922 Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

CR2E083 (9/01)

SIGNATURE: USIGNATURE BEQUIRED OF AUTHORIZED REPRESENTATIVE Date Dayline Phone #

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.