2002 UNIFORM BUSINESS REPORT (UBR)

Jan 24, 2002 8:00 am DOCUMENT # L9900001273 **Secretary of State** 1. Entity Name 01-24-2002 90353 020 ****50.00 ATLANTIS MARES, L.C. Principal Place of Business Mailing Address 000181 190 ATLANTIS BLVD. 190 ATLANTIS BLVD. PALM_BEACH FL 33462 PALM BEACH FL 33462 Atlantis AtLANTis 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 65-0903751 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KINTZ. PAUL C Street Address (P.O. Box Number is Not Acceptable) 190 ATLANTIS BLVD. PALM BEACH FL 33462 AHLANTIS 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 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR ☐ Addition TITLE TITLE Change ☐ Delete NAME KINTZ, PAUL C NAME STREET ADDRESS 190 ATLANTIS BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33462 TITLE MGR Delete TITLE **∑**-€hange ☐ Addition NAME SCHANDELMAYER, KATHERINE NAME STREET ADDRESS 190 ATLANTIS BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33462 TITLE MGR ☐ Delete TITLE ☐ Addition NAME KINTZ, JULIE NAME STREET ADDRESS 190 ATLANTIS BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33462 TITLE MGR ☐ Delete TITLE ☐ Addition LECKRONE, LESLIE NAME NAME STREET ADDRESS STREET ADDRESS 190 ATLANTIS BLVD. CITY-ST-ZIP CITY-ST-7IP PALM BEACH FL 33462 ☐ Delete TITLE TITLE KINTZ, CHRISTOPHER NAME NAME STREET ADDRESS STREET ADDRESS 190 ATLANTIS BLVD. CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33462 TITLE ☐ Delete TITLE 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

CITY-ST-7IP

FILED