2002 UNIFORM BUSINESS REPORT (UBR)

May 22, 2002 8:00 am secretary of State DOCUMENT # L9900001590 1. Entity Name 05-22-2002 90205 014 ****50.00 FIRST FLORIDA LODGING, L.L.C. Principal Place of Business Mailing Address 1946 TARPON COURT 1946 TARPON COURT WESLEY CHAPEL FL 33543 WESLEY CHAPEL FL 33543 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 59-3565808 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 GOODELL, RANDY S Street Address (P.O. Box Number is Not Acceptable) 1946 TARPON COURT WESLEY CHAPEL FL 33543 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 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 Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM ☐ Defete TITLE ☐ Addition Change | GOODELL, RANDY NAME STREET ADDRESS 1946 TARPON COURT STREET ADDRESS CITY-ST-ZIP **WESLEY CHAPEL FL 33543** CITY-ST-ZIP **MGRM** TITLE Delete TITLE ☐ Change Addition OGDEN, ANDREW NAME NAME STREET ADDRESS 13353 N. CLEVELAND AVE. STREET ADDRESS CITY-ST-ZIE N. FORT MYERS FL 33903 CITY-ST-ZIP ...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 ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition

11. Thereby 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

RECURABY GOOCH

STREET ADDRESS

CITY-ST-ZIP

FILED