## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State DOCUMENT # L9900001964 1. Entity Name 05-06-2002 90126 031 \*\*\*\*50.00 TIVOLI LAKES CLUB INVESTORS, LLC Principal Place of Business Mailing Address 625 N. FLAGLER DRIVE, SUITE 700 625 N. FLAGLER DRIVE. SUITE 700 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address 215 N. FEDERAL HIGHUM 215 N. FEDERAL HIGH WAY Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE くい ひと キリ SUTTE 中1 Boca RATON City & State 4. FEI Number Applied For 65-0909992 BOCA RATOR Not Applicable Country Zip \$5.00 Additional 33437 AZU 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent H. BATMASIAN FLORIDA PROPERTY INVESTORS, INC. Street Address (P.O. Box Number is Not Acceptable) 625 N FLAGLER DRIVE, SUITE 700 WEST PALM BEACH FL 33401 (# attuz Zip Code BOCA RATON 8. The above named entitle ement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. BATMAS SIGNATURE Z 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 JAMES H. BATMASI NAME FPI TIVIOLI LAKES CLUB, INC. NAME 215 N. FEDERAL HIWAY STREET ADDRESS SUTTE #1 625 N FLAGLER DRIVE, SUITE 700 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP BOLA RATION FL 33432 TITLE ☐ Delete mer m TITLE Change NAME NAME MARTA BATMASIAN STREET ADDRESS 215 N. FEDERAL HIWMY SUTTEN 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 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied that files 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 🔀

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGE

Daytime Phone #