2003 LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)

May 05, 2003 8:00 am Secretary of State DOCUMENT # L9900002066 05-05-2003 90322 043 ****50.00 1. Entity Name THE 395 L.L.C. Principal Place of Business Mailing Address 216 FOREST STREET 216 FOREST STREET SEAGROVE BEACH FL 32459 SEAGROVE BEACH FL 32459 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3580001 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUZZETT, WILLIAM A Street Address (P.O. Box Number is Not Acceptable) 216 FOREST STREET **SEAGROVE BEACH FL 32459** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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 Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Addition TITLE ☐ Delete TITLE Change MCNEIL. PHILLIP H SR NAME NAME STREET ADDRESS STREET ADDRESS 7700 WOLF RIVER BLVD CITY-ST-ZIP CITY-ST-ZIP GERMANTOWN TN 38138 MGRM ☐ Addition ☐ Delete TITLE ☐ Change TITLE BREAUX, JOHN MARK NAME NAME STREET ADDRESS 159 GRAYTON TRAILS ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GRAYTON BEACH FL 32459** MGRM ☐ Delete TITLE ☐ Change ☐ Addition TITLE BUZZETT, WILLIAM A NAME NAME STREET ADDRESS STREET ADDRESS 216 FOREST STREET CITY-ST-ZIP CITY-ST-7IP SEAGROVE BEACH FL 32459 TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME CHRIST, THOMAS C NAME STREET ADDRESS STREET ADDRESS **35 CLAYTON LANE** CITY-ST-ZIP CITY-ST-ZIP SANTA ROSA BEACH FL 32459

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

☐ Delete

☐ Delete

AGER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

☐ Change

Change

Addition

☐ Addition