2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2002 8:00 AM
Secretary of State

DOCUMENT# L99000002358

Entity Name: CASCADE ASSOCIATES, L.L.C.

Current Principal Place of Business:

325 FIFTH AVENUE, SUITE 207
INDIALANTIC, FL

New Principal Place of Business:

325 FIFTH AVENUE
SUITE 207
INDIALANTIC, FL 32903

Current Mailing Address:

325 FIFTH AVENUE, SUITE 207
INDIALANTIC, FL

New Mailing Address:

P O BOX 33547
INDIALANTIC, FL 32903

FEI Number: 31-1182880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOONIN, LAUREN B
325 FIFTH AVENUE, SUITE 207
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: THOMPSON, C. WAYNE
Address: 325 FIFTH AVENUE, SUITE 207
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM ( ) Delete
Name: FAUST, CHARLES R
Address: 325 FIFTH AVENUE, SUITE 207
City-St-Zip: INDIALANTIC, FL 32903

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: FAUST, CHARLES R
Address: 4116 N. OCEAN DR., SUITE 700
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

SIGNATURE: CHARLES R. FAUST MGRM 01/11/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date