2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002470 1. Entity Name 00 MAY -3 AMIO: 37 CARRINGTON INDUSTRIAL HOLDINGS LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 1220 NORTH MARKET STREET. SUITE 606 1220 NORTH MARKET STREET, SUITE 606 WILMINGTON DE 19801-2598 WILMINGTON DE 19801 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable Country \$5.00 Additional Zip Country Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATE CREATIONS ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 9. 10. Change Addition TITLE TITLE MGR NAME STERLING MANAGERS LIMITED NAME 300003236183-STREET ADDRESS P.O. BOX 362 ROAD TOWN TORTOLA STREET ANDRESS -05/03/00--01019--001 CITY-ST-71F CITY-ST-ZIP BVI ***3750.00 TITLE TITLE MAME NAME MANHATTAN MANAGEMENT COMPANY LIMITED STREET ADDRESS THE HALLMARK BLDG STE 227 OLD AIRPORT RD STREET ADDRESS CITY-8T-ZIP CITY-ST-ZIP THE VALLEY ANGUILLA BWI Change Addition TITLE C Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- 87- 71P Addition | Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- 71P Addition ☐ Change Delete TITLE TITLE NAME BAME STREET ADDRESS STREET ADDRESS CITY- ST- ZEP CITY- ST- ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET AODRESS CITY-81-ZIP

SIGNATURE

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/25/00

307-181-5750

Daytime Phone #

APPROVED