FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am[§] Secretary of State DOCUMENT # **L9900002992** 1. Entity Name 05-22-2002 90273 006 ****50 00 LACROSSE REALTY SERVICES LLC Principal Place of Business Mailing Address 701 BRICKELL AVE., SUITE 3000 701 BRICKELL AVE., SUITE 3000 967445 MIAMI FL 33131 **MIAMI FL 33131** 2. Principal Place of Business 3. Mailing Address 260 NW 13147 260 MW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** PLANTARON PLANTATION Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STUART K. HOFFMAN INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) OHUNTON FW. WAMS 701 BRICKELL AVE., SUITE 3000 MIAMI FL 33131 1111 BRICKELL AVENUE 8. The above named entity surding this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 4-26-02 SIGNATURE ed agent and title if applicable 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 MGR TITLE Delete TITLE Change ☐ Addition HOFFMAN, STANT K 1111 BRICKELLANOWE SUITU 2500 HOFFMAN, STUART K NAME NAME CR2E083 STREET ADDRESS 701 BRICKELL AVE., SUITE 3000 STREET ADDRESS CITY-ST-ZIP minni Fails **MIAMI FL 33131** CITY-ST-ZIP 33/3/ MGR TITLE Delete MGR TITLE Change ☐ Addition NASH, RICHARD NAME NASH, RICHARD A. NAME 1111 BRICKELL AVENUE 701 BRICKELL AVE., SUITE 3000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP mians, 4611/2 33131 **MIAMI FL 33131** Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ď NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Design Phone #

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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.

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