2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L99000004194 1. Entity Name FILED CLINTON COMMUNITIES, L.L.C. OI MAY - 1 PM 5: 15 Principal Place of Business Mailing Address 3225 Aviation Avenue. 3225 Aviation Avenue SECRETARY OF STATE
TALLAHASSEE, FLORIDA Suite 700 Suite 700 Coconut Grove, FL 33133 Coconut Grove, FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0933014 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and address of New Registered Agent Name Randy E. Rieger Street Address (P.O. Box Number is Not Acceptable) 3225 Aviation Avenue, Suite 700 Miami, FL 33133 City Zip 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NO\V!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/ MEMBERS ADDITIONS/ CHANGES MGR □ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME Randy E. Rieger STREET STREET ADDRESS 3225 Aviation Avenue, Suite 700 ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami, FL 33133 ☐ Del∉te ☐ Change ☐ Addition TITLE TITLE 9000042 NAME NAME STREET -05/21/01--01202--017 STREET ADDRESS **ADDRESS** \*\*\*\*\*50.00 \*\*\*\*\*50.00 CITY-ST-ZIP CITY-ST-ZIP ☐ Del∈ te ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET **STREET** ADDRESS ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Del∈te ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET STREET **ADDRESS** ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME: NAME STREST STREET **ADDRESS** ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 e) ecute this report as required by Chapter 608, Florida Statutes. SIGNATURE と らる ほりん (305) 860-8188 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

JBRs\UBR for LLC doc

Daytime Phone #