## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State DOCUMENT # L99000004341 1. Entity Name TLC EQUITY LLC 05-06-2002 90126 040 \*\*\*\*50.00 Principal Place of Business Mailing Address C/O DAVID L. PERRY, JR. C/O DAVID L. PERRY, JR. 625 N FLAGLER DR SUITE 700 625 N FLAGLER DR SUITE 700 954110 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 40 SAMES H. BATMASIAN 215 N. FEDERALHIWA % IAMES H. BATHASIAN Principal Place of Business 215 N. FEDERAL SUTTE #1 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE BOCA RATION 50円を井1 City & State City & State 4. FEI Number Applied For RATON 65-0934772 Not Applicable Country 33432 \$5.00 Additional ÚSA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MES H. BATMASIAN FLORIDA PROPERTY INVESTORS, INC. Street Address (P.O. Box Number is Not Acceptable) 625 N FLAGLER DR SUITE 700 くし丌モ 井り WEST PALM BEACH-FL 33401 City BOLA RATON 8. The above named is this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida FAMES H. BATMASIAN SIGNATURE 1 (NOTE: Registered Agent signature required when rainstating) 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 TITLE MGR Delete TITLE MGRM (10/6) **C**hange Addition NAME FOREIGN FINANCIAL SERVICES CORP. NAME BIS N. FEDEAL HIWAY SUTTE# STREET ADDRESS 655 LONGBOAT CLUB ROAD. #28A STREET ADDRESS CITY-ST-ZIP **LONGBOAT KEY FL 34228** BOCA RATON, FL. CITY-ST-ZIP 33437 TITLE ☐ Delete TITLE MGRM - Change Addition NAME NAME MA ATA BATMASIAN STREET ADDRESS STREET ADDRESS 215 N. FENERAL HIWAY SUTTE CITY-ST-ZIP CITY-ST-ZIP BOW RATON TITLE 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 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 account at 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 receipt for trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING