2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 22, 2002 8:00 am Secretary of State DOCUMENT # L9900005496 01-22-2002 90093 025 ****50 00 SABALA L.L.C. Principal Place of Business Mailing Address 2351 ALAQUA DRIVE 2351 ALAQUA DRIVE LONGWOOD FL 32779 LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent BARON, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 2351 ALAQUA DRIVE LONGWOOD FL 32779 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) 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 **MGRM** TITLE ☐ Delete TITHE Addition ☐ Change NAME BARON, STEPHEN NAME STREET ADDRESS 2351 ALAQUA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL MGRM TITLE ☐ Delete TITLE ☐ Change Addition BARON, BRETT NAME NAME STREET ADDRESS 2351 ALAQUA DRIVE STREET ADDRESS CITY-ST-ZIF LONGWOOD FL CITY-ST-ZIP MGRM TITLE _ Delete _ [] Change Addition BARON, TOD NAME NAME STREET ADDRESS 2351 ALAQUA DRIVE STREET ADDRESS CITY-ST-ZIP LONGWOOD FL CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Zt♥ CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change 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 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.