2002 UNIFORM BUSINESS REPORT (UBR)

limited liability company or the receiver or trustee empowered to execute this report as required by

SIGNATURE:

Apr 30, 2002 8:00 am Secretary of State DOCUMENT # L9900005682 1. Entity Name 04-30-2002 90035 018 ****50.00 P.E.H. INVESTMENTS, L.L.C. Mailing Address Principal Place of Business P.O. BOX 1967 3439 TECHNOLOGY DRIVE, STE. 384 NOKOMIS FL 34274 NOKOMIS FL 34275 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0948363 Not Applicable \$5.00 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOSTETLER, PAUL Street Address (P.O. Box Number is Not Acceptable) 3439 TECHNOLOGY, DRIVE, STE. 3&4 NOKOMIS FL 34275 Zip Code City 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 NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS ☐ Addition Change TITI F MEM ☐ Delete TITLE NAME HOSTETLER, PAUL NAME STREET ADDRESS STREET ADDRESS 3439 TECHNOLOGY DRIVE, STE. 3&4 CITY-ST-ZIP CITY-ST-ZIP NOKOMIS FL 34275 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE, . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE 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

Chapter 608, Florida Statutes.

Davtime Phone #

FILED