2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am § Secretary of State

DOCUMENT # L9900005785

1. Entity Name

2320 SOUTH CONWAY, L.L.C.

Principal Place of Business Mailing Address 2320 SOUTH CONWAY ONE GALLERIA BLVD., STE, 1950 ORLANDO FL 32812 METAIRIE LA 70001 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 72-1452408 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 SMUCK, MICHAEL B Street Address (P.O. Box Number is Not Acceptable) 2320 SOUTH CONWAY ORLANDO FL 32812 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 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition CR2E083 (9/01 MBS REALTY INVESTORS, LTD. NAME NAME STREET ADDRESS ONE GALLERIA BLVD., SUITE 1950 STREET ADDRESS CITY-ST-ZIP **METAIRIE LA 70001** CITY-ST-ZIP MGRM TITLE ☐ Defete TITLE ☐ Change ☐ Addition SMUCK, MICHAEL B NAME NAME ONE GALLERIA BLVD., SUITE 1950 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP METAIRIE LA 70001 CITY-ST-ZIP MGRM. TITLE Delete TITLE Change ☐ Addition WEINER, RICHARD NAME NAME STREET ADDRESS 770 LEXINGTON, 6TH FLOOR STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10021 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change Addition DWYER & CAMBRE REAL ESTATE PARTNERS, LLC NAME STREET ADDRESS 3421 N. CAUSEWAY BLVD., SUITE 707 STREET ADDRESS CITY-ST-ZIP **METAIRIE LA 70002** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition

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 of fustee employeed to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING M BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

05-22-2002 90204 018 ****50.00