2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

L99000005788 DOCUMENT # 1. Entity Name 00 APR 27 AM 9: 29 PALM EAGLE, LLC SECRETARY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1301 SW 10TH AVENUE 1301 SW 10TH AVENUE BLDG J BLDG. J **DELRAY BEACH FL 33444** DELRAY BEACH FL 33444-1276 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MOMApplied For 4. FEI Number City & State City & State 65-0848666 Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRANT, MARK F Street Address (P.O. Box Number is Not Acceptable) 200 EAST BROWARD BLVD., STE 1500 FORT LAUDERDALE FL 33301 301 S.W. 10th Ave 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, typed or printed name (NOTE: Registered Agent signature required when reinstating) EILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 9. Addition | **MGRM** Change TITLE TATLE HINNERS, BRIAN NAME NAME STREET ADDRESS 1301 SW 10TH AVE, BLDG J STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL CITY-8T-ZIP Change Addition Detete TITLE TITLE NAME NAME 200003249522 STREET ADDRESS STREET ADDRESS -05/11/00--01126--004 CITY- ST- ZIF CITY- 8T-71P *****50.00 Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ Deciente TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-8T-ZIP Delete TITLE TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete NAME NAME: STREET ADDRESS STREET ADDRESS CITY- ST- 71P 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 received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

APPROVED