APPROVED **2000 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L9900006101 1. Entity Name 00 APR 18 AMII: 58 ROYAL PALM HOSPITALITY II, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1500 S.E. 17TH STREET CAUSEWAY 1500 S.E. 17TH STREET CAUSEWAY FORT LAUDERDALE FL 33316-1702 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MUM Applied For City & State City & State 4. FEI Number 65-0956495 Not Applicable Country Zip \$5.00 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEIF. EVAN D Street Address (P.O. Box Number is Not Acceptable) 2800 PONCE DE LEON BOULEVARD, SUITE 1125 CORAL GABLES FL 33134 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. ___ Addition MGR TITLE Change Change MANAGER II CORP. NAME

NAME STREET ADDRESS 300-71ST STREET, SUITE 635 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZEP Change Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS 600003238166 CITY- ST- ZtP CITY-ST-ZIP Deleta TITLE TITLE *****50.00 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY- ST- ZEP ☐ Change ☐ Auxilition ☐ Delate TITLE TITI F NAME MAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE MAME NAME STREET ANNRESS ETREFT ADDRESS CITY- 2T- 71P CITY-ST-ZIP Change Addition Defeta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-81-ZIP CITY-ST-7IP

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/8/00 3058187222

Daytime Phone #