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2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Jan 22, 2003 8:00 am **Secretary of State** DOCUMENT # L9900006150 01-22-2003 90104 023 ****50 00 1. Entity Name RTWJR PROPERTIES, LLC Principal Place of Business Mailing Address 1233 SECOND STREET 1233 SECOND STREET SARASOTA FL 34236 SARASOTA FL 34236 20014777 2. Principal Place of Business 3. Mailing Address 800 U.S. 41 BYPASS SO. 800 U.S. 41 BYPASS SO. Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Suite B suite 8 City & State City & State Applied For 4. FEI Number 65-0948308 VENICE VENICE Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 34292 USA 34292 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHARD T. WILLIAMS, JR. WILLIAMS, RICHARD T JR. Street Address (P.O. Box Number is Not Acceptable) 1815 HIBISCUS ST SARASOTA FL 34239 SUITE B City VENICE 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. I am familiar with, and accept the obligations of registered agent 1/9/03 RICHARD T. WILLIAMS, JR. (NOTE: Registered Agent signature required when reinstating) ame of registered agent and FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM MGRM CR2E083 (10/02 TITLE TITLE ☐ Addition Delete RICHARD T. NAME WILLIAMS, RICHARD T JR. NAME BOOU.S. 41 BYPASS SO., SUITE B STREET ADDRESS 1815 HIBISCUS ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete TITI F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Change TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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

484.796B SIGNATURE: R. MANAGER OR AUTHORIZED REPRESENTATIVE

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.