2002 UNIFORM BUSINESS REPORT (UBR)

Mar 13, 2002 8:00 am Secretary of State DOCUMENT # L9900006653 1. Entity Name 03-13-2002 90093 007 ****55 00 RELATED DEVELOPMENT COMPANY, LLC Principal Place of Business Mailing Address 2828 CORAL WAY 2828 CORAL WAY DUUTAOIT MIAMI FL 33145 **MIAMI FL 33145** 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 65-0372462 Not Applicable Zip Country Country Zin \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERNANDEZ, ANGEL Street Address (P.O. Box Number is Not Acceptable) 2828 CORAL WAY, PH-1 **MIAMI FL 33145** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 &55. Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES CR2E083 (9/01) MGRM □ Change ☐ Addition TITLE ☐ Delete TITLE THE RELATED GROUP OF FLORIDA NAME NAME STREET ADDRESS STREET ADDRESS 2828 CORAL WAY PH CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33145 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [] Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition **estreet** address STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Delete ☐ Addition TITLE TITI F 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

2/23/2002. SIGNATURE: Daytime Phone #