2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 MAY 22 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006804

1. Entity Name
BETA GROVE, L.L.C.

Principal Place of Business	Mailing Address
4809 CENTRAL AVENUE OCEAN CITY NJ 08226	4809 CENTRAL AVENUE OCEAN CITY NJ 08226-1433

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1807 Ocean Drive	Post Office Box 2011
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Vero Beach, FL 32963	City & State: Jessup, Maryland 20794
Zip: 32963 Country: Indian River	Zip: 20794 Country: Howard

4. FEI Number: 58-2499877 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FENNELL, TODD W 979 BEACHLAND BLVD. VERO BEACH FL 32963	Name: James E. McDonnell II MGRM Street Address (P.O. Box Number is Not Acceptable): 1807 Ocean Drive City: Vero Beach FL Zip Code: 32963

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 James E. McDonnell II MGRM President/Owner [signature] DATE 4-20-00
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
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President James E.McDonnell II MGRM 1807 Ocean Drive Vero Beach,FL 32963 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400003284074--2 -06/12/00--01006--024 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Thomas M. McDonnell MGRM 2140 Mangrove Drive Vero Beach, FL 32963 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] MGRM April 20, 2000 561-234-5212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR2E083 (9/99)