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
4809 CENTRAL AVENUE
OCEAN CITY NJ 08226

Mailing Address
4809 CENTRAL AVENUE
OCEAN CITY NJ 08226-1433

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1807 Ocean Drive
Suite, Apt. #, etc.

3. Mailing Address
Post Office Box 2011
Suite, Apt. #, etc.

City & State: Vero Beach, FL 32963
Zip: 32963 Country: Indian River

City & State: Jessup, Maryland 20794
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
FENNELL, TODD W
979 BEACHLAND BLVD.
VERO BEACH FL 32963

7. Name and Address of New Registered Agent
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 — DATE: 4-20-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE President NAME James E.McDonnell II MGRM STREET ADDRESS 1807 Ocean Drive CITY-ST-ZIP Vero Beach,FL 32963	☐ Delete	TITLE NAME 400003284074--2 STREET ADDRESS -06/12/00--01006--024 CITY-ST-ZIP *****50.00 *****50.00	☐ Change ☐ Addition
TITLE NAME Thomas M. McDonnell MGRM STREET ADDRESS 2140 Mangrove Drive CITY-ST-ZIP 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: [illegible] 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)