2001 UNIFORM BUSINESS REPORT (UBR)

L99000007090 DOCUMENT # 1. Entity Name 01 APR 27 AM 10: 44 NAPLES 70, LLC SECRETARY OF STATE. TALEAHASSEE, FLORIDA Principal Place of Business Mailing Address 6421 SW 57TH STREET 6421 SW 57TH STREET DAVIE FL 33314 DAVIE FL 33314 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 65-0958521 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SINGER, BERNARD A Street Address (P.O. Box Number is Not Acceptable) 4925 SHERIDAN STREET, STE A HOLLYWOOD FL 33021 City Zip Code FL 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. (NOT :: Registered Agent signature required when reinstating) FILE N JW!!! FEE IS \$50.00 Make Check Pa vable to Department of State 9. MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. TITLE TITLE Change ☐ Addition HRS ENTERPRISES LIMITED PARTNERSHIP, NV LP NAME 6421 SW 57TH STREET STREET ADDRESS STREET ADDRESS DAVIE FL 33314 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition Change NAME NAME 800004217928---05/15/01--01105--009 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP *****<u>50,00</u> *****50.00 Delete TITLE ☐ 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-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADD 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.

OR AUTHORIZED REPRESENTATIVE

14/24/01 (954)587-437

APPROVEL