2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007288 00 APR 13 PM 12: 24 1. Entity Name CORNER PROPERTY, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 222 LAKEVIEW AVENUE, SUITE 1700 222 LAKEVIEW AVENUE. SUITE 1700 WEST PALM BEACH FL 33401-6145 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MOMCity & State City & State 4. FEI Number Applied For 267-80-0607 Not Applicable Zip Country Country Zip \$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 DE GUARDIOLA, GEORGE Street Address (P.O. Box Number is Not Acceptable) 222 LAKEVIEW AVENUE, SUITE 1700 WEST PALM BEACH FL 33401 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. SIGNATURE 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 MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 9. 10. TITLE MGR Delete TITLE 900003225 MAME DE GUARDIOLA, GEORGE NAME -04/26/00--01091--008 STREET ADDRESS STREET ADDRESS 222 LAKEVIEW AVENUE, SUITE 1700 *****50.80 *****50.00 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- 8T- 718 ☐ Change Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS REPORT ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP Addition Addition Change ☐ Delate TITLE NAME NAME STREET ADJRESS STREET ADDRESS CITY-ST-ZIP Change ☐ Add∑tion ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS 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 of the region of the report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
GEORGE DE GUARDIO A MANAGER

4/10/00

(561) <u>655–1838</u>

APPKUVED.

Daytime Phone # .