2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 99000007975

1. Entity Name
CMTS Florida, LLC

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
Miami, FL

Mailing Address
801 Brickell Ave.
9th Floor
Miami, FL 33131

2. Principal Place of Business		3. Mailing Address	
10151 Deerwood Park Blvd.		10151 Deerwood Park Blvd.	
Suite, Apt. #, etc. Building 200, Suite 250		Suite, Apt. #, etc. Building 200, Suite 250	
City & State Jacksonville, Florida		City & State Jacksonville, Florida	
Zip 32256	Country USA	Zip 32256	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0963470 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
James M. Kirtland
801 Brickell Ave.
Miami, FL 33131

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 James M. Kirtland spo — September 1, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE Manager/Member NAME Steven J. Davis STREET ADDRESS 10151 Deerwood PK. Blv CITY-ST-ZIP Jacksonville, FL 32256	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE Manager/Member NAME James M. Kirtland STREET ADDRESS 801 Brickell Ave. CITY-ST-ZIP Miami, FL 33131	☐ Change ☐ Addition
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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: Steven J. Davis — September 1, 2001 — 904-349-3703
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #