APPROVED 2000 UNIFORM BUSINESS REPORT (UBR) DOGUMENT # 199000009225 00 JUN - 7 AH 8: 59 PINEVIEW ESTATES, L.L.C. SECRETARY OF STATE TALL AHASSEE, FLORIDA Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0995002 Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Zip Code City 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 ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME 300003298173----06/21/00--01007--010 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>*****55.80 *****55.80</u> ☐ Change · ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET #DDRES ZΩ CITY-ST-ZIP CITY-S ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS 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 interpretation in the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: