2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L99000009274 GULFWINDS INCOME VENTURES, Line. Principal Place of Business Mailing Address 5869 SEA GRASS LANE 5869 SEA GRASS LANE NAPLES FL NAPLES FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

6. Name and Address of Current Registered Agent

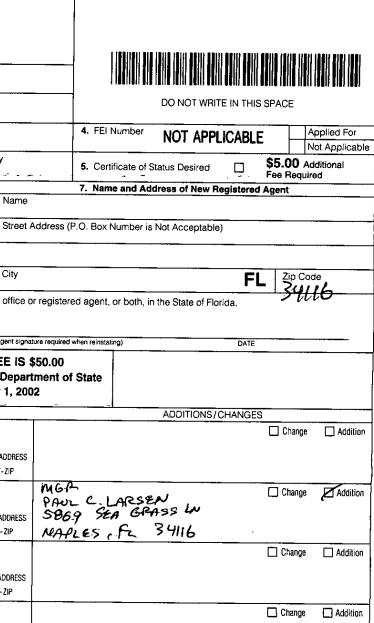
STEINBERG, DALE H

NAPLES FL

5869 SEA GRASS LANE

FILED Apr 22, 2002 8:00 am Secretary of State

04-22-2002 90164 014 ****50.00



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, 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 Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. TITLE MGR Delete TITLE (10/6) STEINBERG, DALE H NAME STREET ADDRESS CR2E083 5869 SEA GRASS LANE STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP TITLE MGA Delete TITLE PAUL C. LARSEN NAME NAME 5869 SEA GRASS LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FZ TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

City

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:

SIGNATURE AND TYPED OR POINTED NAME OF SIGNING MANAGINE