2001 UNIFORM BUSINESS REPORT (UBR)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000000842

1. Entity Name: Genstar Land Company, LLC
9404 Genessee Avenue, Suite 230
La Jolla, CA 92037

Principal Place of Business: 9404 Genesee Avenue, Suite 230
La Jolla, CA 92037

Mailing Address:

2. Principal Place of Business: 9404 Genesee Ave.
Suite, Apt. #, etc.: Suite 230
City & State: La Jolla, CA
Zip: 92037 Country: USA

3. Mailing Address: Same
Suite, Apt. #, etc.:
City & State:
Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 330892706 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

7. Name and Address of New Registered Agent

Name: NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue
City: Tallahassee FL Zip Code: 32301

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: Charles Baclet, Vice President Jan. 26, 2001
Signature, type or print 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 Genstar Pacific Corp. One Blue Hill Plaza Pearl River, NY 10965	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Newland-IHP Ventures, LLC 9404 Genesee Avenue, Suite 230 La Jolla, CA 92037
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100003624264 7 -02/02/01--01039--008 *****55.00 *****55.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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: Debra A. Dalle, Assistant Secretary 1/26/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #