CR2E083 (10/02)

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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002121

1. Entity Name

MAINGATE MANAGERS GP. L.L.C.



-SECRETARX OF STATE : FALCAHASSEE: FLORIDA Principal Place of Business Mailing Address 3250 MARY ST., STE, 500 3250 MARY ST., STE, 500 MIAM! FL 33133 MIAMI FL 33133 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 74-2975491 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** City 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. I am familiar with, and accept the obligations of registered agent. 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 Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition NAME MAINGATE MANAGERS L.P. NAME 300010068213 01/14/03--01037--001 **50 STREET ADDRESS 3250 MARY ST., 5TH FLOOR STREET ADDRESS **50.00 CITY-ST-ZIP CITY-ST-ZIP COCONUT GROVE FL 33133 **MGRM** ☐ Delete TITLE ☐ Change ☐ Addition TITLE alibhai, karim NAME STREET ADDRESS STREET ADDRESS 3250 MARY ST., STE. 500 CITY-ST-ZIP CITY-ST-ZIF MIAMI FL 33133 ☐ Delete Change Change TITLE MGR TITLE Addition REILLY, E. DOWNLD REILY, S. 3216 MARY SPECES, SUITE VOD NAME REILLY, E. DONALD JR NAME STREET ADDRESS STREET ADDRESS 3250 MARY STREET, SUITE 500 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33-1358 ☐ Delete TITLE ☐ Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME TREET ADDRESS STREET ADDRESS RTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition 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 the receiper or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: