FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am **Secretary of State** DOCUMENT # M0000002458 1. Entity Name 02-26-2002 90083 021 ****50.00 WILLA SPRINGS INVESTORS LLC Principal Place of Business Mailing Address UULU 1764 SAN DIEGO AVE. 1764 SAN DIEGO AVE. SAN DIEGO CA 91220-1997 SAN DIEGO CA 91220-1997 2. Principal Place of Business 3. Mailing Address 1764 San Diego Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Legal Dept. Attn: City & State City & State 4. FEI Number Applied For 33-0937224 San Diego, CA Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 92110 **USA** Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES (9/01 MGR Managing Member X Change ☐ Addition TITLE XX Delete TIT! F GARVIN, NATALIE \$ Continental American Properties, Ltd. NAME NAME CR2E083 STREET ADDRESS STREET ADDRESS 1764 San Diego Avenue 4545 WILLA CREEK DRIVE CITY-ST-ZIP CITY-ST-ZIP San Diego, CÀ 92110 WINTER SPRINGS FL 32708 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE Delete_ TITLE NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with his 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 of fusee empowered to execute this report as required by Chapter 608, Florida Statutes.

MRED SIGNATURE: G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/04/02

(619)297-6771