FILED 2002 UNIFORM BUSINESS REPORT (UBR) Feb 18, 2002 8:00 am § Secretary of State DOCUMENT # M0100000665 1. Entity Name 02-18-2002 90168 042 ****50.00 DAPPER PROPERTIES II, LLC Mailing Address Principal Place of Business C/O U.S. REALTY ADVISORS LLC C/O U.S. REALTY ADVISORS LLC 1370 AVE. OF THE AMERICAS 1370 AVE. OF THE AMERICAS NEW YORK NY 10019 NEW YORK NY 10019 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-4156063 Not Applicable Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City F٤ 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. Sple vnember/mgr) Delete ☐ Addition ☐ Change TITLE TITLE NAME of the Americas STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition 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 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change 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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

SIGNATURE: SIGNATURE MANAGER OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENT

TITI F

NAME

STREET ADDRESS

CITY-ST-ZIP

lie President of Dapper Equity III

☐ Change

☐ Addition