2002 UNIFORM BUSINESS REPORT (UBR)

limited liability company o

SIGNATURE AND TYPED OF PRINTED NAME OF

SIGNATURE

Apr 30, 2002 8:00 am Secretary of State DOCUMENT # M0100001454 04-30-2002 90014 047 ****50 00 SOUTHSIDE PARTNERS, LLC Mailing Address Principal Place of Business 2830 CAHABA ROAD 2830 CAHABA ROAD BIRMINGHAM AL 35223 BIRMINGHAM AL 35223 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 63-1138577 Not Applicable \$5.00 Additional Zip Country 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 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 ADDITIONS/CHANGES 10. MANAGING MEMBERS/MANAGERS 9. Change ☐ Addition ☐ Delete TITLE TITLE MGR NAME NAME FAIRWAY INVESTMENTS, L.L.C. STREET ADDRESS STREET ADDRESS 2830 CAHABA ROAD CITY-ST-ZIP CITY-ST-ZIP BIRMINGHAM AL 35223 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NÁME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition - Delete TITLE 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 of the receiver or flustee empowered to execute this report as required by Chapter 608, Florida Statutes.

AGER, OR AUTHORIZED REPRESENTATIVE

FILED