FILED

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

Jan 16, 2003 8:00 am Secretary of State DOCUMENT # M0200000787 01-16-2003 90232 038 ****50.00 **DELYNN PROPERTIES, LLC** Principal Place of Business Mailing Address νννυω 4610 E. ROYAL DR. 4610 E. ROYAL DR. SPRINGFIELD MO 65809 SPRINGFIELD MO 65809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 43-1827090 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 JENKINS, KERRI C/O HARBOURSIDE CUSTOM HOMES Street Address (P.O. Box Number is Not Acceptable) 8800 SIGNAL ROAD, SUITE 2 8 200 Health Carte BONITA SPRINGS FL 34135_ Same 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 SIGNATURE (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 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM Delete TITLE 3R2E083 (10/02) ☐ Change Addition NAME BREEDING, MIKE NAME STREET ADDRESS 4610 E. ROYAL DR. STREET ADDRESS CITY-ST-ZIP SPRINGFIELD MO 65809 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change

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 frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR ANTHORIZED REPRESENTATIVE

NAME STREET ADDRESS

Date

Daytime Phone #

Addition