FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92173 049 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M02000003301

1. Entity Name
CAUSEWAY TOWERS, LLC

Principal Place of Business	Mailing Address
100 WEST LIBERTY STREET TENTH FLOOR RENO, NV 89501	100 WEST LIBERTY STREET TENTH FLOOR RENO, NV 89501

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	c/o Mario G. de Mendoza, III Suite, Apt. #, etc. 12765 Forest Hill Blvd., #1302
City & State	City & State Wellington, FL
Zip / Country	Zip 33414 / Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 47-0895927 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MENDOZA, MARIO G III ESQ 12765 FOREST HILL BLVD. SUITE 1302 WELLINGTON, FL 33414	Name: Mario G. de Mendoza, III, P.A. Street Address (P.O. Box Number is Not Acceptable): 12765 Forest Hill Blvd., Suite 1302 City: Wellington FL Zip Code: 33414

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: [signature], Mario G. de Mendoza, III, President — 4/24/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when eliminating) DATE

FILING FEES: $50.00
Make Checks Payable to: Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARMSTRONG, HARVEY L ~~100 WEST LIBERTY STREET~~ ~~RENO, NV 89501~~ ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Armstrong, Harvey L 1700 Seaport Blvd., 4th Floor Redwood City, CA 94063 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: [signature] Harvey L. Armstrong, Manager — (650) 210-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)