8/25/2002-90200-041-$50.00-$50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M93000000006

1. Entity Name

AVENUE-PLAZA LLC, L.C.)

FILED

02 SEP 12 AM 10: 20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
2111 ST. CHARLES AVENUE NEW ORLEANS LA 70130	ATTN: LEGAL DEPT. P.O. BOX 2000 NEWPORT RI 02840

2. Principal Place of Business	3. Mailing Address
	Cendant Legal
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1 Campus Drive
City & State	City & State Parsippany, NJ
Zip / Country	Zip 07054 / Country USA

9/12

DO NOT WRITE IN THIS SPACE

4. FEI Number 72-1231104 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

O'LOUGHLIN, DIANA
776 DRIFTWOOD CIRCLE
PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable) 1201 Hayes Street

City Talahasee FL Zip Code 32301

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 Df

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 September 25, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BREEDEN, RICHARD C 115 LONG WHARF NEWPORT RI 02840	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER EQUIVEST LOUISIANA, INC. 115 LONG WHARF NEWPORT RI 02840	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WINKLER, RICHARD G 115 LONG WHARF NEWPORT RI 02840	☒ 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
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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (4/02)

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 REQUIRED Joseph Huber, VP, 8/16/02

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