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2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 05, 2002 8:00 am DOCUMENT # M9500000105 Secretary of State 1. Entity Name 02-05-2002 90116 020 ****55.00 PIA HOLDING L.L.C., L.C. Principal Place of Business Mailing Address 120 NM 354 St. 222 PHIPPS PLAZE 620 N.W. 35TH STREET Book Ration, FL PALM BEACH FL 33480 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0575643 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FESSLER, DAVID G FESSLER, DAVID G 2220PHIPPS PLAZA LOJO NW 35th St. PALM BEACH FL 33480 Boca Raton, FL 33431 Street Address (P.O. Box Number is Not Acceptable) 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. (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 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM MOUUS HAD INCCORP 620 NW 35th St. ☐ Addition CR2E083 (9/01) TITLE TITLE Change ☐ Delete NAME AGES HOLDING CORP. NAME STREET ADDRESS 222 PHIPPS PLAZA STREET ADDRESS Boca Raton, FL 33431 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 **MGRM** Change TITLE ☐ Addition TITLE ☐ Delete FESSLER, DAVID G NAME 600 NW 35th St. STREET ADDRESS AAA PHIPPS PLAZA? STREET ADDRESS CITY-ST-ZIP PALM BEACH-FL 39480 C CITY-ST-ZIP **MGRM** ☐ Delete TITLE Change ☐ Addition TITLE FESSLER, ROBERT W 620 DW 35th St. NAME NAME STREET ADDRESS 222 PHIPPS PLAZA C. STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-7IP MGRM TITLE ☐ Addition TITLE GROGAN, LAWRENCE E NAME NAME STREET ADDRESS 21707 ABINGTON COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33428-Change ☐ Addition Delete TITI F 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 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 his report as required by Chapter 608, Florida Statutes.

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