APPROVED 2000 UNIFORM BUSINESS REPORT (UBR) M95000000367 DOCUMENT # 1. Entity Name 00 MAY -1 PM 12: 22 PRAEDIUM BELLE LLC 92907 SECRETARY OF STATE FALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 11 MADISON AVE P.O. BOX 1920 DALLAS TX 75221-1920 26TH FLOOR NEW YORK NY 10010 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-3858556 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code 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 Fiorida. 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 MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. 9. Addition MGRM TITLE Change TITLE Delete THE PRAEDIUM RECOVERY FUND, L.P. MAME MANE 11 MADISON AVE., 26TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10010** CITY-8T-ZIP Change cottleba 🛄 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY- ST-ZIP Change TITLE Delete TITLE MAME MAME **000003261040--**-05/22<u>/</u>00--01021--020 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - 27- 70P *****50.00 ******50 00 Addition | Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- 27- 218 CITY-ST-ZIP Addition Delete Change TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- 81- 21P CITY- ST- ZIP 11th thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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. Frank Patafio, VΡ Praedium Management,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date (214) 2740 ANAO

SIGNATURE: