Y2000 UNIFORM BUSINESS REPORT (UBR) FILED W */5 M98000000694 DOCUMENT # 1. Entity Name KOLLSTAR SUNRISE GOLF CLUB LLC 00 MAR 27 PM 3: 33 SECRETARY OF STATE Mailing Address Principal Place of Business TATEAHASSEE FLORIDA 4343 VON KARMAN AVENUE 4343 VON KARMAN AVENUE NEWPORT BEACH CA 92660-2005 **NEWPORT BEACH CA 92660** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 33-0811556 Not Applicable \$5.00 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NATIONSCORP REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) **526 EAST PARK AVENUE** TALLAHASSEE FL 32301 Zip Code City FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MEMBERS 10. Addition TITLE Change Dedeto TITLE MGRM KOLLSTAR GOLF LLC NAME 700000320507 MARKE STREET ADDRESS STREET ADDRESS 4343 VON KARMAN AVENUE CITY-87-ZtP CITY- 21- 71P **NEWPORT BEACH CA 92660** ****50_00 Addition Chanse ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP Change Addition ☐ Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY. 87-71P Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST-ZIE Change Addition Oelete TITLE TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-21-ZIP (Change ■ Addition ☐ Delete TITLE TITLE MAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY- 8T- 21P 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. **WILLIAM S. HOFFENBERG**

NAGING MEMBER OR MANAGER