2000 UNIFORM BUSINESS REPORT (UBR) FILED Wy/5 M98000000696 DOCUMENT # 1. Entity Name KOLLSTAR TIDES GOLF CLUB LLC 00 MAR 27 PH 3: 35 SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address 4343 VON KARMAN AVENUE 4343 VON KARMAN AVENUE NEWPORT BEACH CA 92660 NEWPORT BEACH CA 92660-2005 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 33-0811553 Not Applicable Zin Country \$5.00 Additional Zip Country 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 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 MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. Addition TITLE Change IIILE MGRM NAME KOLLSTAR GOLF LLC STREET ADDRESS STREET ADDRESS 4343 VON KARMAN AVENUE CITY-ST-ZIP CITY-ST-ZIP NEWPORT BEACH CA 92660 Addition ☐ Delete TITLE ☐ Change TITLE MAME NAME **=**-⊔04 STREET ADDRESS STREET ADDRESS CITY- BT- ZIP CITY- ST- ZIP ☐ Addition Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY - 8T- 71P CITY- ST- ZIP Addition ☐ Change Detete TITLE MAME MAME STREET ANDRESS STREET ADDRESS CITY- 2T- 7IP CITY- ST- ZIP Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY- \$T-ZIP CITY - 21-71P Change ☐ Addition ☐ Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-71P 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 this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

9.

William S. Hoffenberg VICE-PRESIDENT & CFO MANAGING MEMBER OR MANAGER

Daytime Phone #

CR2E083