マスーンソー APPROVED 2000 UNIFORM BUSINESS REPORT (UBR) M99000001945 **DOCUMENT#** 00 JUN 21 AM 8: 49 1. Entity Name PARROT'S LANDING PHASE II LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1764 San Diego Avenue 1764 San Diego Avenue San Diego, CA 92110 San Diego, CA 92110 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable 33-0882970 Country \$5.00 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) .1201 Hays Street Tallahassee, Florida 32301 City 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 Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. ☐ Addition Change Parrot's Landing Investors LLC mca TITLE NAME NAME 1764 San Diego Avenue STREET ADDRESS STREET ADDRESS San Diego, CA 92110 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete -06/23/00--01002--006 NAME NAME \*\*\*\*\*50.00 \*\*\*\*50.80 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z)P CITY-SP-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME 2 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST:ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 eath; 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. 05/23/00 297-6771 SIGNATURE: . SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Daytime Phone

E. Scott Dupree, Vice President of General Partner of Managing Member