FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 16, 2002 8:00 am DOCUMENT # P01000109372 Secretary of State 1. Entity Name **ELLENTON PROPERTIES, INC.** 07-16-2002 90342 009 ***550 00 Principal Place of Business. Mailing Address 4000 GULF GE MEXICO DRIVE 4000 GULF OF WEXICO DRIVE LONGBOAT KEY FL 34228 LONGBOAT KEY FL 84228 ADDRESS CHAWGE 2. Principal Place of Business 3. Mailing Address 4300 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 20 BLADE NO FEI Number Applied For reader Not Applicable \$8.75 Additional €ertificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is the 3radento N 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. I am familia the obligations d registered agent **SIGNATURE** ited name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) П Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE" ☐ Delete TITLE CR2E034 (4/02) Change ☐ Addition MIKIASSHARRY NAME NAME 4000 SUEF OF MEXICO DRIVE STREET ADDRES STREET ADDRESS LONGBOAT KET FL 34228 CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME 4300 18TH STREET WEST, SUITE 206A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENT GLEEN 24205 CITY-ST-ZIP **IITLE** ☐ Delete TITLE Change ☐ Addition NAME NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP TLE Delete TITLE ☐ Change ☐ Addition AME NAME TREET ADDRESS 40 STREET ADDRESS ITY-ST-ZIP CITY-ST-ZIP tre ☐ Delete TITLE ☐ Change ☐ Addition AME. REET ADDRESS STREET ADDRESS CTY-ST-ZIP CITY-ST-ZIP TLE _ ☐ Delete ☐ Change ☐ Addition NMÉ NAME SPEET ADDRESS STREET ADDRESS CY-ST-7IP CITY-ST-ZIP 1). 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 or supplemental report of true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if SIGNATURE REQUIRED VPED OR PRINTED NAME OF SIGNING OFFIC

Attachment # P01000109372

Joel Sainer we did put receive a prin notice Mis is the) Stylen Bleave charge address