2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 19, 2001 8:00 am Secretary of State DOCUMENT # P95000064948 1. Entity Name BEACH INVESTMENTS, INC. II -19-2001 90302 028 ***150.00 Principal Place of Business Mailing Address 12777-1 ATLANTIC BLVD 12777-1 ATLANTIC BLVD JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3337308 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BIEBER, DAVID Street Address (P.O. Box Number is Not Acceptable) 21 WALKERS RIDGE DR. PONTE VEDRA BEACH FL 32082 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registored 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE CR2E034 (10/00) Change Change Addition GRAY, ROBERT GRAY, ROBERT 18890 TIMBERLAHE NAME NAME STREET ARDRESS 1375 NORMANDY DRIVE STREET ADDRESS CITY-ST-ZIP NEWARK OH 43055 CITY-ST-ZIP FAIRVIEW PARK, OH 44126 EVP TITLE ☐ Change ☐ Delete TITLE Addition BIEBER, DAVID NAME NAME 21 WALKERS RIDGE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP TITLE X Delete TITLE ☐ Chance Addition **EVANS, CHARLES** NAME NAME STREET ADDRESS 12777-1 ATLANTIC BLVD STREET ADDRESS CITY-ST-7IP Jacksonville FL 32225 CITY-ST-ZIP TITLE Delete ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DIEE ☐ Delete ☐ Change ■ Addition NAME STRÉET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Chance ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 is 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 or the receiver or 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 changed, or on an attachment with an address, with all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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