FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State **DOCUMENT #** P97000089532 1. Entity Name V.L.M. REALTY, INC. 05-06-2002 90035 041 ***150.00 Principal Place of Business Mailing Address 1306 53RD ST. 1306 53RD ST. WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 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 65-0811631 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LYNN MURRAY-SHEA s (P.O. Box Number is N Street Addre 9756 DAHLIA AVE PALM BCH GDNS FL 33410 8. The above name agentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE Change ☐ Addition MURRAY, MICHAEL NAME NAME STREET ADDRESS 1306 53RD ST. STREET ADDRESS WEST PALM BEACH FL 33407 CITY-ST-ZIP CITY-ST-ZIP TITLE elete TITLE ☐ Addition NAME LYNN MURRAY-SHEA NAME STREET ADDRESS 4402 DAFFODIL CIRCLE NORTH STREET ADDRESS CITY-ST-ZIP PALM BCH GDNS FL 33410 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MURRAY, VINCENT NAME STREET ADDRESS 1306 53RD STREET STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

13. 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 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

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR