2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Mar 06, 2006 8:00 am Secretary of State **DOCUMENT #L04000032354** 03-06-2006 90202 021 ****50.00 **ELLIÓT SLAVIS, LLC** Principal Place of Business Mailing Address 2760 SOUTH OCEAN BLVD. 2760 SOUTH OCEAN BLVD. PALM BEACH, FL 33480 PALM BEACH, FL 33480 2. Principal Place of Business 3. Mailing Address 3186 3186 TOUCHSTONE PL Suite, Apt. #, etc. Suite, Apt. #, etc. 02222006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For PACM B PALM BEACH CARDENC 65-1116249 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 23410 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JONES FOSTER SERVICE, LLC Street Address (P.O. Box Number is Not Acceptable) 505 SOUTH FLAGLER DRIVE, SUITE 1100 WEST PALM BEACH, FL 33401 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typ 06 e of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGMR TITI F TITLE MGR Change Change ☐ Addition SLAVIS, ELLIOT NAME Elliot SLAUK STREET ADDRESS 2760 SOUTH OCEAN BLVD. STREET ADDRESS 13/86 TOUCHSTONE PL PALM BEACH GARDENS WEST PALM BEACH, FL 33401 CITY-ST-ZIP CITY-ST-ZIP 33418 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ 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-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 employment to execute this report as required by Chapter 608, Florida Statutes. 9541649-0400

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED