2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE: 1 Mailewar

Mar 28, 2005 8:00 am Secretary of State 03-28-2005 90290 011 ****50.00 **DOCUMENT # L04000034385** THE DEWAN GROUP, LLC Principal Place of Business Mailing Address 40041090 2519 MCMULLEN BOOTH ROAD 2519 MCMULLEN BOOTH ROAD SUITE 510-255 CLEARWATER, FL 33761 SUITE 510-255 CLEARWATER, FL 33761 US 2. Principal Place of Business 3. Mailing Address 2631 MCCORMICK Suite, Apt. #, etc. Suite, Apt. #, etc. 03242005 Chg-LLC CR2E083 (10/03) SUITE City & State City & State 4. FEI Numbe Applied For CLEARWATER 20-1939640 Not Applicable Country, . . \$5.00 Additional 5. Certificate of Status Desired · 🗆 -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEWAN, NAAKESH Street Address (P.O. Box Number is Not Acceptable) 2519 MCMULLEN BOOTH ROAD **SUITE 510-255** CLEARWATER, FL 33761 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 SIGNATURE Signature, typed or printed reprine of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 7: Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE Change ☐ Addition ☐ Delete TITLE DEWAN, NAAKESH NAME STREET ADDRESS 2519 MCMULLEN ROAD, SUITE 510-255 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33761 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change - Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS 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 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 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

NAAKESH DEWAN

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED