2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

May 03, 2007 8:00 am Secretary of State DOCUMENT # L06000035265 1. Entity Name 05-03-2007 90260 025 ****55.00 POSE PROPERTIES, LLC Principal Place of Business Mailing Address 1155 SOUTH SEMORAN BLVD., STE. 1120 1155 SOUTH SEMORAN BLVD., STE. 1120 WINTER PARK FL 32792 WINTER PARK FL 32792 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. 26 Number 1260 Applied For Not Applicable Zip Country Zip Country \$5.00 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 LIOCE, DOMENICK R Street Address (P.O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BLVD., STE. 1200 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, tyned or printed name of registered agent and life if applicable (NGTL Registered agent aignating required when reastment) FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES Engineered Homes of Orlando Inc. TITLE ☐ Defete NAME NAMI 1155 S.Semoran BLVD, Ste#1120 STREET ADDRESS STREET LADDRESS Winter Park, Fl. 32792 CITY ST 7IP CHY ST 7P ШН ☐ Defete 11111 Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY ST 7IP HILE ☐ Delete 11111 ☐ Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIC Clir St Zir TOTALE ☐ Delete 11111 □ Change Addition NAMI NAMI STREET ADDRESS STRUTT ADDRESS CITY ST-ZIP CHY SLZIP Delete 11111 Change Addition NAM STREET ADDRESS STREET LADORESS CHY ST-ZIP CITY ST ZIP THE ☐ Delete Change Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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.

SING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIV

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