2007 LIMITED LIABILITY COMPANY

Mar 14, 2007 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # L06000052445** 03-14-2007 90207 024 ****50.00 FRANK N. BONUSO, LLC Principal Place of Business Mailing Address 2450 NE 51ST STREET #11 2450 NE 51ST STREET #11 FT. LAUDERDALE, FL 33308 FT. LAUDERDALE, FL 33308 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03042007 Cha-LLC CR2E083 (12/06) City & State City & State 4, FEI Number Applied For 9/8368 20-1 Not Applicable Zip Country Ζip 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 BONUSO, FRANK N Street Address (P.O. Box Number is Not Acceptable) 2450 NE 51ST STREET #11 FT. LAUDERDALE, FL 33308 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee & \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE TITLE Change ☐ Addition ☐ Delete BONUSO, FRANK N NAME STREET ADDRESS 2450 NE 51ST STREET #11 STREET ADDRESS FT. LAUDERDALE, FL 33308 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE 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 ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition

FILED

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 emptywered to execute this report as required by Chapter 608, Florida Statutes.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP