2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jan 11, 2007 8:00 am Secretary of State DOCUMENT # L06000097298 01-11-2007 90132 047 ****50.00 1. Entity Name JAYHAWK PROPERTIES, LLC Maiting Address Principal Place of Business LUUUUIXI 14208 BANBURY WAY 14208 BANBURY WAY TAMPA, FL 33624 TAMPA, FL 33624 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 01072007 CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 37-1530 Not Applicable Country Zip Country \$5.00 Additional Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MASTANDREA, HILLARIE A Street Address (P.O. Box Number is Not Acceptable) 14208 BANBURY WAY TAMPA, FL 33624 Zip Code FI 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. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee Is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. ☐ Change ■ Addition ☐ Delete TITLE MASTANDREA, HILLARIE A: NAME NAME 14208 BANBURY WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33624 CITY-ST-ZIP Addition MGRM ☐ Delete ☐ Change TITLE MASTANDREA, FRANK D NAME NAME STREET ADDRESS 14208 BANBURY WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33624 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filling 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED