2008 LIMITED LIABILITY COMPANY

May 05, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # L06000102910 1. Entity Name 5725 CORPORATE WAY, LLC Principal Place of Business Mailing Address **5725 CORPORATE WAY** 7941 IRONHORSE BOULEVARD WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33412 04292008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE KENNEDY, PAUL R ESQ. 252 NE 12TH STREET DELRAY BEACH, FL 33444 IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U00000946826 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE MALOOF, GLEN NAME 7941 IRONHORSE BOULEVARD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33412 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME

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 eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to exempte this report as required by Chapter 608, Florida Statutes.

SIGNATURE:)

STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

Davime Phone #

FILED