2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000031289 ATTENTIVE DEVELOPERS, LLC 2008 OCT 15 PM 2: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O KELLER WILLIAMS C/O KELLER WILLIAMS 700 NE 90TH STREET 700 NE 90TH STREET MIAMI, FL 33138 MIAMI, FL 33138 2. Principal Place of Business - No P.O. Box # 3. Mailing Address C/O JOSHUA SHEMTOV -- 700 NE 90TH STREET C/O JOSHUA SHEMTOV -- 700 NE 90TH STREET Suite, Apt. #, etc. Sulte, Apt. #, etc. 05302008 Chg-LLC CR2E083 (12/06) City & State MIAMI, Applied For City & State MIAMI, 4. FEI Number **FLORIDA** FLORIDA Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 33165 33165 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name THE LAW OFFICES OF NICK SPRADLIN, PLLC THE LAW OFFICES OF NICK SPRADLIN, PLLC Street Address (P.O. Box Number is Not Acceptable) 12000 N DALE MABRY HIGHWAY, SUITE 110 4001 WEST HENRY AVENUE SUITE 306 TAMPA, FL 33614 / City T<u>AMPA</u> 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 Make check payable to FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Due by September 12, 2008 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR MGR Change ☐ Addition TITLE TITLE ☐ Delete NAME SHEMTOV, JOSHUA NAME SHEMTOV, JOSHUA 700 NE 90TH STREET STREET ADORESS 700 NE 90TH STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33138 CITY-ST-ZIP MIAMI, FL 33165 Delete TITLE Chance ■ Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition TITLE Delete TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Dalete ITTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP ☐ Dalate TITLE ☐ Change ☐ Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS City-SI-7P CITY-ST-ZP ■ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

9/11/2008-90025-023-\$138.75-\$138.75