2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 24, 2007 8:00 am Secretary of State **DOCUMENT # L06000091016** 04-24-2007 90116 004 ****55.00 19 AVENUE DE LA MER, LLC Principal Place of Business Mailing Address 1401 WYNHURST LANE 1401 WYNHURST LANE VIENNA, VA 22182 US VIENNA. VA 22182 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202007 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State Not Applicable Zip Country 7in Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORAK, KEVIN 309 MOODY BLVD Street Address (P.O. Box Number is Not Acceptable) #200 FLAGLER BEACH, FL 32136 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM ПΠЕ ☐ Delete TITLE ☐ Change ☐ Addition GORE, LORIE A NAME NAME STREET ADDRESS 1401 WYNHURST LANE STREET ADDRESS CITY-ST-ZIP VIENNA, VA 22182 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

Pried Love, LOWE A. GOCE, MAJAGING MEMBER