2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 18, 2008 8:00 am Secretary of State **DOCUMENT # L07000012472** 04-18-2008 90157 045 ***143.75 1. Entity Name 411 ÁUSTRALIAN AVENUE LLC Principal Place of Business Mailing Address 50004706 225 SOUTH OLIVE AVE. 225 SOUTH OLIVE AVE. WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2101 VISTA PARKUNY PACEDURAS ATLIV 1015 Suite, Apt. #, etc. Suite, Apt. #, etc. 04122008 Chg-LLC CR2E083 (12/06) 224 22 City & State City & State 4. FEI Number Applied For DOST PANY BELLEN 65-0527276 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 8,4 3411 3341 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHAND DANTON, RICHARD Street Address (P.O. Box Number is Not Acceptable) 225 SOUTH OLIVE AVE. WEST PALM BEACH, FL 33401 SYCOLLOAG ATZIV 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 typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR Delete Change TITLE TATLE MGR ☐ Addition DANTON , DICHAM NAME DANTON, RICHARD NAME MSS ALOS - HOWAR PANKING 19 15 STREET ADDRESS 225 SOUTH OLIVE AVE. STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP 334IL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 TITLE ☐ Delete ☐ Addition ☐ Change NAME 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 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 receiper or prusted empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING WEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE A)

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