2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2009
Secretary of State

DOCUMENT# L00000001282

Entity Name: FALCON'S TREEHOUSE, L.L.C.

Current Principal Place of Business:

6996 PIAZZA GRANDE AVENUE
SUITE 301
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

6996 PIAZZA GRANDE AVENUE
SUITE 301
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 59-3621802 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAGPURI, CECIL D
13485 SOUTHERN WAY
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

MAGPURI, CECIL D
8260 TIBET BUTLER DRIVE
WINDERMERE, FL 34786 US

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.

SIGNATURE: _____ 03/19/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MAGPURI, CECIL D
Address: 13485 SOUTHERN WAY
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM ( ) Delete
Name: MAGPURI, MARTY M
Address: 13485 SOUTHERN WAY
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MAGPURI, CECIL D
Address: 8260 TIBET BUTLER DRIVE
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM (X) Change ( ) Addition
Name: MAGPURI, MARTY M
Address: 8260 TIBET BUTLER DRIVE
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARTY M. MAGPURI MGRM 03/19/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date