2007 LIMITED LIABILITY COMPANY

Feb 26, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # L00000002224 02-26-2007 90306 005 ****50.00 GANESHA INVESTMENT CLUB, L.L.C. Principal Place of Business Mailing Address 13253 WEDGEFIELD DR 13253 WEDGEFIELD DR NAPLES, FL 34110 NAPLES, FL 34110 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 02212007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 59-3628918 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MYLES, JOHN R Street Address (P.O. Box Number is Not Acceptable) 13253 WEDGEFIELD DR NAPLES, FL 34110 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 algnature required when reinstating) 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 TITLE ☐ Defete TITLE ☐ Change ☐ Addition DAILEY, MAURY NAME NAME STREET ADDRESS 1307 RIVERHEAD AVE STREET ADDRESS CITY - ST-ZIP MARCO ISLAND, FL 341453929 CITY-ST-ZIP TITLE MGRM Delete ☐ Channe TITLE ☐ Addition NAME MYLES, JOHN NAME 13253 WEDGEFIELD DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP MICHAEL ORR NEW ADDRESS Schange MGRM TITLE ☐ Delete TITLE ORR, MICHAEL NAME NAME 1825 LES CHATEAUX BLUD STREET ADDRESS 5891 VIA LUGANO STREET ADDRESS NAPLES, FL 34108 CITY - ST- ZIP NAPKES, FL 34109 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition SOMMER, RICHARD NAME 13253 WEDGEFIELD DR STREET ADDRESS STREET ADDRESS CITY - ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP Delete TITLE Change TITLE Addition

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 on trustee employered to execute this report as required by Chapter 608, Florida Statutes.

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

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TITLE

NAME

30HN MYKES OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7:P

TITLE

NAME

FILED

☐ Change

■ Addition