2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 19, 2005 8:00 am Secretary of State 04-19-2005 90023 026 ****50.00 DOCUMENT # L01000008043 Entity Name SOSSO HOMES, L.L.C. Principal Place of Business Mailing Address 20038025 3626 FAIR OAKS PLACE 3626 FAIR OAKS PLACE LONGBOAT KEY, FL 34228 LONGBOAT KEY, FL 34228 2. Principal Place of Business 3. Mailing Address 7058 Kingsmill Court 7058 Kingsmill Court Suite Ant # etc. Suite, Apt. #, etc. 03302005 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For Bradenton 65-1107056 Not Applicable Bradenton, Zip Country Country \$5.00 Additional-Zip 5. Certificate of Status Desired Fee Required 34202 USA 34202 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAZZARANTANI, GEORGE H Street Address (P.O. Box Number is Not Acceptable) 777 S. PALM AVENUE SARASOTA, FL 34236 Zip Code City FI 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 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, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGR Delete TITLE TITLE ☐ Change ■ Addition NAME SOSSO, HELEN NAME 3626 FAIR OAKS PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGBOAT KEY, FL 34228 CITY-ST-ZIP MGR ☐ Delete TITLE TITLE MGR **X**Change ☐ Addition SOSSO, MARK A NAME NAME Sosso, Mark A 12630 PERRY HIGHWAY STREET ADDRESS STREET ADDRESS 7058 Kinsmill Court WEXFORD, PA 15090 CITY-ST-ZIP CITY-ST-7(P Bradenton, FL 34202 TITLE MGR ☐ Delete TITLE Change Addition SOSSO, SCOTT NAME NAME STREET ADDRESS 130 N. TAMIAMI TRAIL STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-ZIP titi F Delete TITLE ☐ Change ` Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TIT1 F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

NG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #