2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 05, 2008 8:00 am Secretary of State **DOCUMENT # L01000011596** 05-05-2008 90030 028 ***138.75 1. Entity Name IRD ÓSPREY, LLC Principal Place of Business Mailing Address EMA 20 CLA 7860 PETERS ROAD - SUITE F-111 7860 PETERS ROAD - SUITE F-111 PLANTATION, FL 33324 PLANTATION, FL 33324 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 47-0856641 Not Applicable Zip Country Country Zip \$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 -Name FRAZIER, ROBERT W JR., ESQ Street Address (P.O. Box Number is Not Acceptable) C/O FRAZIER, HOTTE & ASSOCIATES, P.A. 2400 EAST COMMERCIAL BLVD., SUITE-826 #220 FT. LAUDERDALE, FL 33308 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 the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES 9. 10. MGRM ET Change TITLE □ Delete TITLE ☐ Addition 10097 Cleary Rd; # 332 SÁDKIN, S. MARTIN NAME NAME STREET ADDRESS 7869 PETERS ROAD - 8UITE F-111 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION, FL 33324 Delete TITLE TITLE Change ☐ Addition 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 TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP 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.

FILED