2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 18, 2007 8:00 am DOCUMENT # L01000013143 Secretary of State THE VILLAROSA LLC 04-18-2007 90034 042 ****50.00 Principal Place of Business Mailing Address 1129 11TH ST N **BOX 3109** SAINT PETERSBURG, FL 33705 ST PETERSBURG, FL 33731 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01212007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 59-3735783 Not Applicable Zip Country Zip 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. KUSTER, DARRELL D Street Address (P.O. Box Number is Not Acceptable) 1129-11TH ST N SAINT PETERSBURG, FL 33705 2ND AVENUE S 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 familia the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TIFLE MGRM 12 Change ☐ Addition Delete IIII F KUSTER, DARRELL NAME NAME 200 - 2ND Avenue 5 # 409 STREET ADDRESS **BOX 3109** STREET ADDRESS ST PETERSBURG, FL 33731 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HAME HAME STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Detete ☐ Change ■ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TIDE ☐ Delete TITLE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP MLE ☐ Delete ms ☐ Change ■ Addition HALF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 IIILE ☐ Delete MILE ☐ Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP

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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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE. Donne Kuster, Moraging Member /4/15/0