2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED DOCUMENT #L01000015790 07 JUL -6 AM 11:21 MCKÉN II, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 321 RAILROAD AVE. 321 RAILROAD AVE. BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03232007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 65-1152654 Not Applicable Zip Country Zip Country \$5.00 Additional \Box 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COX, JACK S PA 9002 S.E. BRIDGE RD. HOBE SOUND, FL 33455 SOUND 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 age SIGNATURE Signature, typed or printed name of register .. Make check payable to Amended AR is \$50.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Delete TITLE ☐ Change Addition SCHWEITZER, KENNETH \$00105870736 07/10/07--01042--004 NAME NAME STREET ADDRESS 321 N. RAILROAD AVENUE STREET ADDRESS CITY-ST-2IP BOYNTON BEACH, FL 33435 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCGUIRK, STEPHEN P NAME 321 N. RAILROAD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33435 CITY-ST-ZIP Delete ☐ Change — ☐ Addition TITLE 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 □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Add:tion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. Mure