2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 01, 2007 8:00 am Secretary of State **DOCUMENT # L02000002012** 05-01-2007 90332 020 ****50.00 GRAFFEO REAL ESTATE L.L.C. Principal Place of Business Mailing Address 16612000 1200 S ROGERS CIRCLE 1200 S ROGERS CIRCLE SUITE 10 SUITE 10 BOCA RATON, FL 33487 BOCA RATON, FL 33487 2. Principal Place of Business - No P.O. Box # 4499 G AdES Rd 04302007 Chg-LLC CR2E083 (12/06) 205 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NameGraffeo, Joseph GRAFFEO, JOSEPH PRESIDENT, GRAFTEC ELECTRONIC SALES INC 1200 S ROGERS CIRCLE BOCA RATON, FL 33487 City Boca Rator 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 Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. Graffeo. Joseph Change | 1499 Glades Road, Juik 205 BOCA Raton, FL 33431 TITLE TITLE Change Addition ☐ Delete GRAFFEO, JOSEPH STREET ADDRESS 1200 S ROGERS CIRCLE #10 STREET ADDRESS CITY-ST-7IP BOCA RATON, FL 33487 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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 STREET ADDRESS STREET ADDRESS

FILED

Change

Addition

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Joseph. F Graffeo. President 4/30/07

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBE

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME