2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Aug 22, 2005 8:00 am Secretary of State **DOCUMENT # L02000003086** 08-22-2005 90187 022 ****55 00 1. Entity Name GERNERT ENTERPRISES, L.L.C. Principal Place of Business Mailing Address 2601 MARION DRIVE 2601 MARION DRIVE FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08122005 Chg-LLC CR2E083 (10/03) City & State Applied For 4. FFI Number City & State 03-0451573 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 ABRAHAM, REITER MCCORMICK & GREENE, P.A. BRANT, ABRAHAM, REITER & MCCORMICK, P.A. Street Address (P.O. Box Number is Not Acceptable) 50 NORTH LAKRA STREET 50 N. LAURA STREET, SUITE 2750 JACKSONVILLE, FL 32202 SUITE 2750 City JACKSONVILLE 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 Come SIGNATURE Make check payable to Filing Fee is \$50.00 Due by September 7, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MERM Change ☐ Addition TITLE ☐ Defete TITLE GERNERT, FRANK E GERNERT FRANK E. 260 / MARION DRIVE NAME NAME STREET ADDRESS 2100 S OCEAN DR., E12G STREET ADDRESS FT LAUDERDALE, FL 33316 FT. LAUDERDALE, FL 333/6 CITY-ST-ZIP CITY-ST-7/P TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TTELE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TIBLE ☐ Channe ☐ 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-7IP MLE ☐ Change ☐ Addition MILE ☐ Delete 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 exemption stated by Section (19.07(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.

MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

954-761-3413