2007 LIMITED LIABILITY COMPANY

MGR

FLAMM, BRUCE

WESTON, FL 33332

3098 LAKEWOOD CIRCLE

SOSNOWITZ, ANDREW

22659 N 39TH PLACE

PHOENIX, AZ 85050

TITLE

NAME

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Apr 26, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT #L02000007203** 04-26-2007 90030 018 ****50.00 LOB, LLC 50040383 Principal Place of Business Mailing Address 1700 SE 15TH ST 1700 SE 15TH ST FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 04-3631501 Not Applicable 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 FLEISHER, DAVID A Street Address (P.O. Box Number is Not Acceptable) 1700 SE 15TH ST #103 FORT LAUDERDALE, FL 33316 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (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 ADDITIONS/CHANGES 9. 10. MGRM MGR Addition TITLE ☐ Delete TITLE Change Harold Berger Street NAME FLEISHER, DAVID A NAME STREET ADDRESS 1700 SE 15TH ST #103 STREET ADDRESS FORT LAUDERDALE, FL 33316 CITY-ST-7IP Scc 45dale, AZ 852 CITY-ST-7IP ☐ Delete TITLE noitibh TITLE SEXTON, DAVID W III NAME NAME 1313 MANDARIN ISLE STREET ADDRESS STREET ADORESS FORT LAUDERDALE, FL 33315 CITY-ST-ZIP CITY-ST-ZIP MGR TITLE ☐ Change ☐ Addition TITLE □ Delete FLAMM, JEFF NAME NAME STATES ADDRESS 925 LEMONWOOD COURT STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33019 CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change Addition TITLE FLAMM, HOWARD NAME NAME STREET ADDRESS 371 CHANNELSIDE WALK WAY #1003 STREET ADDRESS TAMPA, FL 33602 CITY-ST-ZIP CITY-ST-ZIP

FILED

Change

Change

Addition

■ Addition

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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #