2006 LIMITED LIABILITY COMPANY

Apr 21, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L02000008822 04-21-2006 90018 009 ****50.00 1. Entity Name LORSON, LLC Principal Place of Business Mailing Address **4003403**2 1820 N. CORPORATE LAKES BLVD., SUITE 206 1820 N. CORPORATE LAKES BLVD., SUITE 206 WESTON, FL 33326 WESTON, FL 33326 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062006 CR2E083 (11/05) Chg-LLC 4. FEI Number Applied For City & State City & State 75-3063475 Not Applicable Country \$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 Name LORENZO, JOSE E LORENZO, JOSE E MR Street Address (P.O. Box Number is Not Acceptable) 1820 N. CORPORATE LAKES BLVD., SUITE 203 WESTON, FL 33326 1820 N. COEPORATE LAKES BLVD. 50ite 204 Zip Code 206 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. 04/06/2004 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. ☐ Addition TITLE ☐ Change TITLE L & L CONSULTANTS & INVESTMENT, CORP. NAME NAME STREET ADDRESS 833 REGAL COVE RD STREET ADDRESS WESTON, FL 33327 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE MGRM TITLE ACECON CONSTRUCTION , CORP 1820 N. CORPORATE LAKES & BLUD. SUITE 206 ACECON CONSTRUCTION, CORP. NAME 1820 N. CORPORATE LAKES BLVD., SUITE 203 STREET ADDRESS STREET ADDRESS Weston, FL 33326 WESTON, FL 33326 CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete IIII F THILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

04/06/2006 9542178616 Jose Enrique Loranto Daytime Phone #