2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

May 31, 2005 08:00 AM Secretary of State DOCUMENT # L02000010721 1. Entity Name CHINATOWN DEVELOPMENT, LLC Principal Place of Business Mailing Address 5100 WEST COLONIAL DRIVE ORLANDO FL 32808 5100 WEST COLONIAL DRIVE ORLANDO FL 32808 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 01-0677264 Not Applicable Zip Country 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 Name Street Address (P.O. Box Number is Not Acceptable) 5100 WEST COLONIAL DRIVE ORLANDO FL 32808 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 Signature, lyped of printed na pistered agent and title if applicable NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 9 10. ADDITIONS/CHANGES TITLE MGRM UTIE Delete ☐ Change ☐ Addition LING, KIM YEUNG NAME STREET ADDRESS 936 ARCH STREET, 2ND FLOOR STREET ADDRESS PHILADELPHIA PA 19107 CITY - ST - 71P CITY-ST-ZIP MGRM TITLE Delete TITLE ☐ Change Addition NAME THAI, MINH NAME U00000368480 05/31/05-80002-025 50.00 STREET ADDRESS 1 ALLEN STREET STREET ADDRESS CITY - ST - 7IP NEW YORK NY 10002 CITY-SI-ZIP TITLE MGRM Delete HILE ☐ Change Addition NAME CHOI, STEPHEN NAME STREET ADDRESS 1 ALLEN STREET STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP NEW YORK NY 10002 TITLE MGRM ☐ Delete TITLE Change ☐ Addition IMAM PANG, WAI KUEN NAME 3344 CORONA VILLAGE WAY, APT #53-802 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32835 CITY-ST-7IP THLE Defete TITLE Г Спалов ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C11Y-S1-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an imposered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED