2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Jan 29, 2007 08:00 AM Secretary of State DOCUMENT # L02000012637 1. Entity Name JACARANDA, L.L.C. Principal Place of Business Mailing Address 273 SANFORD AVENUE 273 SANFORD AVENUE PALM BEACH FL 33480-3619 PALM BEACH FL 33480-3619 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl #, etc. Suite, Apt. #, otc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not ApplicaL! 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 JACOBSON, ESTA Street Address (P.O. Box Number is Not Acceptable) 273 SANFORD AVENUE PALM BEACH FL 33480-3619 Cliv 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, typed or printed name of registered agent and site if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS g. 10. ADDITIONS/CHANGES 11111 HILL **MGRM** Delete Change Addition NAM NAM JACOBSON, ESTA U000000608889 SHILL LADDRESS STREET ADDRESS 273 SANFORD AVENUE 02/01/07-80027-023 50.00 CHY St-78 PALM BEACH FL 33480-3618 CITY ST /IF HILL Delete MGRM ☐ Change Achain MANA SAUL, JACOBSON NAM STREET ADDRESS STREET ADDRESS 170 STATE ST APT 3E CHTY SI ZIP BROOKLYN NY 11201 CITY ST 7th 11111 Delete HIII Change iii in A 🔲 MAKE MALE SIRLL LADDRESS SHIFT LADORESS CITY SI-7IF GH SE/IP IIII ☐ Delele ane ☐ Article ☐ Chance NAMI SHITTI ADDRESS SHIFFTADDRESS CITY SI ZIP rally st an TITLE ☐ Delete ISSES Aritiin Ctrange SHREET ADDRESS STHEET ADONESS Filty-SI ZIP CDY SI ZIP MIF ☐ Delete ☐ Change Addin. NAME NAME SIRLL LADDRESS STREET ADDRESS CITY ST-7IP CHY ST ZIP

Indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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.

SIGNATURE: La land function Esta Ann Jacobson 1/28/07 561-820-1302.

SIGNATURE and Typed or PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daving Phone 8

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, I further certify that the information