2007 LIMITED LIABILITY COMPANY

Jan 24, 2007 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT #L02000022065** 01-24-2007 90049 029 ****50.00 1. Entity Name MONDO VENTURES, LLC Principal Place of Business Mailing Address 8736 SOUTHWEST 60TH CIRCLE 8736 SOUTHWEST 60TH CIRCLE OCALA, FL 34476 OCALA, FL 34476 60005422 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent INGLIS, JOHN S ESQUIRE Street Address (P.O. Box Number is Not Acceptable) SHUMAKER, LOOP & KENDRICK, LLP 101 E. KENNEDY BOULEVARD, SUITE 2800 TAMPA, FL 33602 City Zip Code FL 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 rebistered agent SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE □ Delete TITLE ☐ Change ☐ Addition CANTELE, ARMANDO P NAME NAME 8736 SOUTHWEST 60TH CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCALA, FL 34476 CITY-ST-ZIP **P** (2) TITLE ☐ Deiete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZiP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME 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-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

Change

Addition

11. I hereby certify that the information supplied with this filling 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 STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE NAME

STREET ADDRESS CITY-ST-7IP

> Armando P. Cantele, MGRM MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 12/2007