2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 06, 2005 8:00 am Secretary of State **DOCUMENT # L02000024022** 1. Entity Name 04-06-2005 90020 039 ****50.00 FALCON TRACE, LLC Principal Place of Business Mailing Address 399 NORTH CYPRESS DRIVE .399 NORTH CYPRESS DRIVE TEQUESTA, FL 33469 TEQUESTA, FL 33469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 13-4212148 Not Applicable Žip Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOURASSA JOHN H BOURASSA, JOHN HIPRING. Street Address (P.O. Box Number is Not Acceptable) 399 NORTH CYPRESS DRIVE JUPITER, FL 33469 City Zip Code 8. The above named entity subajts 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 obligation: John H. Bourassa SIGNATURE Make check payable to Florida Department of State To a Land 3 D. Salar L. (2 the 19ths of pri Due by May 1, 2005 4.33 - MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES ----TITLE Change ■ Addition ☐ Delete hull state 13.3% NAME INDECO, INC. NAME STREET ADDRESS 12800 US HIGHWAY ONE STE 200 STREET ADDRESS 399 North Cypress Drive Time or CITY-ST-ZIP NORTH PALM BEACH, FL -33408 CITY-ST-7/P Tequesta, FL 33469 --C² Delete TITLE ☐ Change ☐ Addition BOURASSA, JOHN H NAME NAME STREET ADDRESS 285 SOUTH BEACH ROAD STREET ADDRESS CITY-ST-ZIP HOBE SOUND, FL 33455 CITY-ST-ZIP MGRM TITLE Delete TITLE ☐ Change Addition BROWN, JAMES P NAME NAME STREET ADDRESS 5040 BURNING TREE CIR. SE STREET ADDRESS CITY-ST-ZIP STUART, FL 34997 CITY-ST-7/P TITLE MGRM Tx Delete TITI F ■ Addition BOURASSA, ANDRE R NAME NAME STREET ADDRESS 220 HAMPTON COURT STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP TITLE Delete TITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition manney and com-NAME NAME 100H2 1140C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. L. CITY-ST-ZIP.... 11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i); 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 fimited Itability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

- John H. Bourassa

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE

FILED

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561-746-5310-