2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000024126 06 MAR 16 AHII: 08 **OSLÓ VENTURE, LLC** SECRETARY OF STATE Mailing Address TALLAHASSEE, FLORIDA Principal Place of Business 1120 S FEDERAL HWY. # 200 1120 S FEDERAL HWY, # 200 DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 3. Mailing Address 2. Principal Place of Business Suite, Apt, #, etc. Suite, Apt. #, etc. 01062006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 22-3871700 Not Applicable Zip Country Zip 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 ZENGAGE, JIM Street Address (P.O. Box Number is Not Acceptable) 1120 S FEDERAL HWY, # 200Q DELRAY BEACH, FL 33483 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 Signature, typed or printed name of registered agent and lite if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR FITLE Change ☐ Addition TITLE Delete RETAIL CONCEPTS, INC NAME NAME 1120 \$ FEDERAL HWY, # 200 STREET ADDRESS STREET ADDRESS DELRAY BEACH, FL 33483 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME 500069067755 STREET ADDRESS STREET ADDRESS 03/30/06--01062--018 **268.75 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. Member, Jim Lengage President

NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE