2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Secretary of State DOCUMENT # L02000024223 01-24-2008 90070 008 ***138.75 1. Entity Name EAST VIERA, LLC Principal Place of Business Mailing Address nana2P1A 931 STRATFORD PLACE 2825 BUSINESS CENTER BLVD **SUITE B5** MELBOURNE, FL 32940 MELBOURNE, FL 32940 2. Principal Place of Business - No P.O. Box#, 2825 Business Center Blvd 3. Mailing Address Suite, Apt. #, etc. Suite Ant # etc. 01082008 Chg-LLC CR2E083 (12/06) # B5 Applied For City & State 4. FEI Number 06-7649648 Not Applicable Zio 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 RICHARDSON, BARRY F Street Address (P.O. Box Number is Not Acceptable) 931 STRATFORD PLACE MELBOURNE FL 32940 Zip Code City FL 8. The above hamed entitle obmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of gistered agent. SIGNATURE nature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 The least the policy of the least term MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR TITLE Change Addition TITLE ☐ Delete RICHARDSON, BARRY NAME NAME STREET ADDRESS 931 STRATFORD PL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE, FL 32940 Change ☐ Addition MGR ☐ Delete TITLE TITLE 3507 Cappio Dr. Melbourne, FT. 32940 KENDUST, RICK NAME NAME STREET ADDRESS STREET ADDRESS 7630 N WICKHAM RD MELBOURNE, FL 32940 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE MGR TOOLEY, DAVE NAME NAME STREET ADDRESS 653 CANDLEWOOD WAY STREET ADDRESS CITY-ST-ZIP MELBOURNE, FL 32940 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE MGR BUECKER, MATT MAME NAME STREET ADDRESS STREET ADDRESS 3400 HEARTWOOD LN CITY-ST-ZIP MELBOURNE, FL 32934 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 regime of the first empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED Jan 24, 2008 8:00 am

1-21-08

321-254-9145