2007 LIMITED LIABILITY COMPANY

Apr 25, 2007 8:00 am Secretary of State ANNUAL REPORT 04-25-2007 90038 025 ****50 00 DOCUMENT # L02000028513 1. Entity Name LUMÁR INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 8092 TIGER LILY DRIVE 8092 TIGER LILY DRIVE NAPLES, FL 34113 NAPLES, FL 34113 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04232007 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 02-0689895 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STANLEY, JOHN F 2660 AIRPORT ROAD SOUTH Street Address (P.O. Box Number is Not Acceptable) NAPLES, FL 34112 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Make check payable to Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITI F Change ☐ Addition NAME DELANGE, LUKE NAME 8092 TIGER LILY DRIVE STREET ADDRESS STREET ADORESS CITY-ST-ZIP NAPLES, FL 34113 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME DELANGE, MARGJE NAME STREET ADDRESS 8092 TIGER LILY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34113 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE NTURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

FILED