FILED 2005 LIMITED LIABILITY COMPANY Aug 25, 2005 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L02000034520 08-25-2005 90106 033 ****50.00 103 NORTHEAST 14TH AVENUE, LLC Principal Place of Business Mailing Address 332 S. COUNTY ROAD 332 S. COUNTY ROAD 20067168 PALM BEACH, FL 33480 PALM BEACH, FL 33480 Principal Place of Business 08222005 Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For City & State City & State 55-0813377 Not Applicable Country Zip Country Zip \$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 Name RODDY, ROBERT ANDREW 332 South County Road Street Address (P.O. Box Number is Not Acceptable) PALM BEACH, FL 33480 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 Due by September 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM ☐ Addition TITLE Delete TITLE ☐ Change RODDY, ROBERT A NAME NAME 332 SOUTH COUNTY ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-S1-ZIF CITY-ST-ZIP Detete ☐ Change ☐ Addition HRE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete IIILE ☐ Change Addition

11. I hereby certify that the information supplied with this fitting 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

TITLE

NAME STREET ADDRESS

CITY-SF-ZIP

STREET ADDRESS CITY-ST-7IP

☐ Delete

SIGNATURE: MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-7IP

CITY-ST-7IP TITLE

☐ Change

☐ Addition