Apr 27, 2007 8:00 am Secretary of State 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # L03000007146** 04-27-2007 90025 046 ****50.00 1. Entity Name AM REALTY & INVESTMENT, LLC CUCTEUUO Principal Place of Business Mailing Address 555 W. GRANADA BLVD. 555 W. GRANADA BLVD. SUITE 4B SUITE 4B DAYTONA BEACH, FL 32174 DAYTONA BEACH, FL 32174 2. Principal Place of Business - No P.O. Box # 444 SEABREEZE BLVO 3. Mailing Address 444 SEABREEZE Suite, Apt. #, etc. Suite, Apt. #, etc. 04032007 Chg-LLC CR2E083 (12/06) 1002 1002 City & State City & State DAYTONA 4. FEI Number Applied For BEACH JAYTONA 41-2115675 Not Applicable Zip 32118 Country Country \$5.00 Additional 5. Certificate of Status Desired \Box US A USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PALMETTO CHARTER SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 444 SEABREEZE ISLVO. 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32114 City AYTONA 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 agen SANFORD MILLER SIGNATURE Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change Change ☐ Addition MILLER, SANFORD NAME NAME 444 SEABREEZE BLVD., #1002 555 W. GRANADA BLVD. - SUITE 4B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32174 DAYTONA BEACH FL 32118 TITLE ☐ Delete TITLE Change : ☐ Addition NAME EDDY, F. RAYMOND JR NAME 25 CR 15 STREET ADDRESS 555 W. GRANADA BLVD. - SUITE 4B STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32174 CITY-ST-ZIP BUNNELL FL 32110 TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

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 mustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

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

CITY-ST-ZIP

FILED