2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

FILED DOCUMENT # L03000021238 Mar 19, 2007 08:00 AM 1. Enbty Namo **Secretary of State** UNIQUE PROPERTIES, LLC Principal Place of Business Mailing Address 8320 GULF BLVD 8320 GULD BLVD ST PETE BEACH FL 33706 ST PETE BEACH FL 33706 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) Applied For City & Stato City & State 4. FEI Number Not Applicable Zip Country \$5.00 Additional Country Zip 5. Cortificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANTHONY, ANDREW Street Address (P.O. Box Number is Not Acceptable) 8320 GULF BLVD ST PETE BEACH FL 33706 City Zip Code FĹ 8. The above named onlity 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9 10. ☐ Change Addition ITTLE ☐ Delete TELLE MGRM NAMI NAME ANTHONY, ANDREW STRUCT ADDRESS STREET ADDRESS 8320 GULF BLVD CITY-ST-ZIP CHY-ST-7/P ST PETE BEACH FL 33706 ☐ Change Addition MILI. ☐ Delete MGRM U00000672328 NAME ANTHONY, VICKY J NAME 03/28/07-80063-021 50.00 STREET ADDRESS STREET ADDRESS 8320 GULF BLVD CHY-ST-7/P CUTY-S1-7(P ST PETE BEACH FL 33706 Delete Change Addition TITLE HITE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY-ST-7P ☐ Change Addition 10110 ☐ Delcte HILL NAME NAMI STREET ADORESS STREET ADDRESS CITY-ST-71P CHY-SI-7P Delete Change Addition HILLE TITE NAME NAME STREET LADDRESS STREET ADDRESS CUY-St-702 CITY-ST-ZIP Delete □ Change Addition HILE THU. NAMI NAME STREET ADDRESS STREET ADDRESS CUTY-SI-7IP 11. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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