2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Jan 25, 2007 08:00 AN DOCUMENT # L03000024605 1. Entity Name **Secretary of State** TUMBLIN KLING, LLC Principal Place of Business Mailing Address 23 HAMPSHIRE LANE BOYNTON BEACH FL 33436 23 HAMPSHIRE LANE **BOYNTON BEACH FL 33436** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apl. #, etc Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) Applied For City & State City & State 4. FEI Number 51-0478294 Not Applicable Country \$5.00 Additional Ζip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo WEINSTEIN & SCHARF, P.A. Street Address (P.O. Box Number is Not Acceptable) 1999 UNIVERSITY DRIVE, STE. 402 CORAL SPRINGS FL 33071 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, typed or printed name of registered agent and title if applicable (NOTE: Registored Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. HILE Addition ☐ Delete 1888 MGR U00000603401 NAME MARK SCHARF, MALCOLM 01/29/07-80012-004 50.00 STREET ADDRESS STORE L'ADDRESS 23 HAMPSHIRE LANE CHY ST ZP CHY SEZID **BOYNTON BEACH FL 33436** Change Addition Delete m 1181 NAME SCHARF, RHODA STREET ADDRESS SIRLLI ADDRESS 23 HAMPSHIRE LANE CITY-ST ZIP GITY ST 71P **BOYNTON BEACH FL 33436** Change Addition Addition IIILE HILE Delete NAME SIBLE LADDRESS STREET ADDRESS CHY 51 28 Clor-St Zir Change Addition ☐ Delete FIRE MARAGE STREET LADORESS STREET ADDRESS CITY ST 78P CHY-SE-7P Addition Charge ☐ Delete 11111 NAME STREET ADDRESS SING LADDRESS CHY SI-789 CRY SUZID HILE Change Addition ☐ Defete IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP 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 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.

JRE: Lallo Jehan MALCOLM SCHARF 1/19/07 (561) 734-890 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date District Property