2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE AND TYPED OR

FILED Apr 25, 2006 08:00 AN Secretary of State DOCUMENT # L03000026270 1. Entity Name ROYAL VENTURES LLC Principal Place of Business Mailing Address 18555 SW 104TH AVE 18555 SW 104TH AVE MIAM. 2. 33157 MIAMI FL 33157 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 90-0115266 Not Applicati Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PILEGGI, TERESA Street Address (P.O. Box Number is Not Acceptable) 18555 SW 104TH AVE MIAMI FL 33157 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, typed or printed name of registered agent and title if applicable, (NOTE Registered Agent signaluje required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES THILE MGR ☐ Delete TITLE Addition NAME PILEGGI, ROCCO NAME STREET ADDRESS 18555 SW 104TH AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 CITY-ST-ZIP THE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP TITLE ☐ Delete TITLE Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete BILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP 11. I hereby 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 adcurate 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.

IBER, MANAGER, OR AUTHORIZED REPRESENTATIVE