2004 LIMITED LIABILITY COMPANY FILED **ANNUAL REPORT (AR)** Feb 12, 2004 8:00 am DOCUMENT # L03000026530 Secretary of State 1. Entity Name 02-12-2004 90116 001 ****50.00 CANAAN INVESTMENTS 10TH AVENUE LLC Principal Place of Business Mailing Address 18 INTRACOASTAL WAY 18 INTRACOASTAL WAY LAKE WORTH FL 33460 LAKE WORTH FL 33460 PrincipaLPlace of Business CR2E083 (11/03) 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

DICRESCENZO, ANGELA D Street Address (P.O. Box Number is Not Acceptable) 3170 N FEDERAL HIGHWAY 103-C LIGHTHOUSE POINT FL 33064 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 signature required when reinstating) DATE FILE NOW!!!: FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES **MGRM** TITLE TITLE Change ■ Addition ☐ Delete NAME PACE, JONATHAN C NAME STREET ADDRESS 18 INTRACOASTAL WAY STREET ADDRESS CiTY-ST-7iP LAKE WORTH FL 33460 CITY-ST-7/P TITLE MGRM ☐ Delete TITLE ☐ Addition CHALKER, FREDERICK E JR NAME NAME STREET ADDRESS 137 TURNBERRY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTIS FL 33462 TITLE ☐ Delete TITLE Change ☐ Addition 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 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME

Name

Applied For Not Applicable

\$5.00 Additional

Fee Required

11. Thereby certify that the information supplied with this filing 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

STREET ADDRESS

CITY-ST-ZIP