2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

|   |   |   |  |  |                                       | r II  | ルヒレ            |                          |                          |
|---|---|---|--|--|---------------------------------------|---|----------------|--------------------------|--------------------------|
| DOCUMENT # L03000030846  1. Entity Name       |   |   |  |  | a I                                   | Feb 02, 2005 08:00 AM<br>Secretary of State |                |                          |                          |
| DUONG COMPANY, L.L.C.                         |   |   |  |  | 9                                     | Secreta                                     | y UI S         | raic                     |                          |
| Principal Plac                                | e of Business   | Mailing Address   |  |  | •                                     |   |                |                          |                          |
|   |   |   | 382 W. MISTY HOLLOW DRIVE<br>JACKSONVILLE FL 32225 |  |                                       |   |                |                          |                          |
| <del></del>                                   |   | To see the second   |  |  | <u>.,</u> !                           |   |                |                          |                          |
| 2. Principal Place of Business                |   | 3. Mailing Address  |  |  | _                                     |   |                |                          |                          |
| Suite, Apt. #, etc.                           |   | Suite, Apt. #, etc.                                       |  | 4 55111  | 1st MOORE                             | CR2E083                                     |                | Dian Fast                |                          |
| City & State                                  |   | City & State  |  | ·  | 4. FEI Nur                            | NO-T APPL                                   |                | No                       | plied For<br>t Applicab! |
| Zip   | Cauntry   | Zip   | Coun   | otry   |                                       | ate of Status Desired                       | F              | 55.00 Add<br>ee Required |                          |
|   | 6. Name and Address of Current  | Registered Agent  |  | Name   | 7. Name a                             | nd Address of New F                         | legistered A   | gent                     |                          |
| DUONG, THANH V                                |   |   |  | Street Address (P.O. Box Number is Not Acceptable) |                                       |   |                |                          |                          |
| 10055 ÁTLANTIC BLVD.<br>JACKSONVILLE FL 32225 |   |   |  |  |                                       |   | <u> </u>       |                          |                          |
|   |   |   |  | City   | <u> </u>                              |   | FL             | Zip Code                 | -                        |
|   | named entity submits this statement for   | r the purpose of changing its                             | register   | ed office or regis                                 | tered agent, or                       | both, in the State of Flo                   | orlda. I am fa | amiliar with, a          | and accep                |
| SIGNATURE .                                   | Signature, typed or printed name of registered agent  | and tille if applicable (NO)                              | F Hecislete  | d Ageni signature requ                             | red whon reinstating                  | <del></del>                                 | DATE           |                          | · · ·                    |
|   |   |   | <del>a falais a a</del>                            | FEE IS \$50.00                                     | GENERALE A                            | 1   |                | <del></del>              | ·                        |
|   |   | Make Check Payab  |  |  | - •                                   | <u> </u>                                    |                |                          |                          |
|   |   |   |  | ay 1, 2005   | ** ***                                |   |                |                          |                          |
| g.  | MANAGING MEMBE  | R\$/MANAGERS  | 10.  |  | <u> </u>                              | ADDITIONS                                   | /CHANGES       |                          | <del>-</del> .           |
| TITLE   | MGR   | ☐ Delete  | TITLE  | £  |                                       |   |                | ☐ Change                 | A.Liii                   |
| NAME<br>CIDICI ADDOCCE                        | VINELAND INVESTMENTS, INC.  |   | NAM  | EET ADDRESS  |                                       | U0000021<br>02/02/05-80                     | 0986<br>091    | י בו הה                  |                          |
| STREET ADDRESS<br>CITY-ST-ZIP                 | 12444 S.R. 535<br>LAKE BUENA VISTA FL 32836   |   |  | -ST-ZIP  | · · · · · · · · · · · · · · · · · · · | 02/02/03-00                                 | UJI-UZZ        |                          |                          |
| IITLE   |   | ☐ Delete  | TETE!<br>NAM                                       | Ī  |                                       |   |                | Change                   | Arithii                  |
| NAME<br>STREET ADDRESS                        |   |   |  | EET ADDRESS  |                                       |   |                | ••                       |                          |
| CITY - ST - ZIP                               |   |   | CITY   | '-ST-ZIP   |                                       |   |                |                          |                          |
| TITLE   |   | ☐ Delete  | TITL   | E  |                                       |   |                | ПСпапде                  | Addit:                   |
| NAME  |   |   | NAM  |  |                                       |   |                |                          |                          |
| STREET ADDRESS<br>CITY-ST-ZIP                 | <u> </u>  |   |  | CET ADDRESS<br>(-SI-ZIP                            |                                       |   |                |                          |                          |
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| NAME  |   |   | NAM  |  |                                       |   |                |                          |                          |
| STREET ADDRESS                                |   |   |  | EET ADDRESS  |                                       |   |                |                          |                          |
| CITY-ST-ZIP                                   |   | <u> </u>  |  | '-ST-71P   | ····                                  | <del> </del>                                |                |                          |                          |
| TITLE   |   | ☐ Delete  | IIILI<br>NAM                                       | -  |                                       |   |                | Change                   | Addition                 |
| NAME<br>STREET ADDRESS                        |   |   |  | ET ADDRESS   |                                       |   |                |                          |                          |
| CITY-ST-ZIP                                   |   |   |  | '-ST-ZIP   |                                       |   |                |                          |                          |
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| NAME  |   |   | NAM  |  |                                       |   |                |                          |                          |
| STREET ADDRESS<br>CITY-ST-ZIP                 |   |   |  | TET ADDRESS<br>T-ST-ZIP                            |                                       |   |                |                          |                          |
| 11 (boroby                                    | certify that the information supplied with  | this filing dose not qualify fo                           | r the eve  | ni beteta anitam                                   | Section 119 07                        | (3)(ii) Florida Statutos                    | I further cert | ify that the in          | <br>iformation           |
| indicated<br>limited lia                      | ter thy that the information supplied with<br>I on this report is true and accurate and<br>ability company or the repeiver or trusted | that my signature shall have<br>enpowered to execute this | the same<br>report as                              | e legal effect as i<br>s required by Ch            | if made under o<br>apter 608, Flori   | bath; that I am a mana<br>da Statutes.      | ging membe     | r or manage              | r of the                 |

SIGNATURE: Utu ( Thanh Van Duong) Partner 1-31-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date

(904) 724-8883 Deytime Phone #