2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 16, 2007 8:00 am Secretary of State DOCUMENT # L03000033337 04-16-2007 90338 019 ****50.00 1. Entity Name CRI CORPORATE CENTER, LLC Principal Place of Business Mailing Address BUUJUUT 15310 AMBERLY DR C/O 6508 E. FOWLER AVE. **TAMPA, FL 33617** STE 250 **TAMPA, FL 33647** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address <u>2330 W. Horaho St.</u> Suite, Apt. #, etc 01052007 Chg-LLC CR2E083 (12/06) City & State City & State 4, FEI Number Applied For 56-2396039 Tamoa Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEDKE, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) C/O PIPER RUDNICK LLP 101 EAST KENNEDY BLVD, STE. 2000 TAMPA, FL 33602 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES 9. MGRM TITLE ☐ Delete TITLE Change ☐ Addition WALLACE, DONALD W NAME NAME 6130 LAZY DAYS BLVD. STREET ADDRESS STREET ADDRESS SEFFNER; FL-335842068 CITY-ST-ZIP CITY-ST-ZIP SEFFNER, FL 33584-2968 MGRM ☐ Delete Change ☐ Addition TITLE TITLE WACKSMAN, BENJAMIN NAME NAME 2330 W. Horahiu St STREET ADDRESS 15310 AMBERLY DR STE 250 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33847 CITY-ST-ZIP FL ☐ Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CRTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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BENJAMIN WACKSMAN 4/13/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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.