Apr 27, 2007 8:00 am Secretary of State 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT 04-27-2007 90025 049 ****50.00 DOCUMENT # L03000039302 1. Entity Name MAA INVESTMENTS, LLC 60041902 Principal Place of Business Mailing Address 555 W. GRANADA BLVD. 555 W. GRANADA BLVD. SUITE 4B SUITE 4B DAYTONA BEACH, FL 32174 DAYTONA BEACH, FL 32174 2. Principal Place of Business - No P.O. Box # 444 SEABREEZE BLV 0 3. Mailing Address 444 <u>SEABREEZ</u> Suite, Apt. #, etc. Suite, Apt. #, etc. 04032007 CR2E083 (12/06) Cha-LLC 1002 1002 City & State UAYTONA City & State 4. FEI Number Applied For KEACH 20-0321632 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PALMETTO CHARTER SERVICES, INC. ess (P.O. Box Number is Not Acasptable) 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 32114 City AYTINA 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 about SIGNATURE Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change ☐ Addition MILLER, SANFORD NAME NAME 444 SEABREEZE BLVO., # 1002 STREET ADDRESS 555 W. GRANADA BLVD., SUITE 4B STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32174 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE (X) Change ☐ Addition NAME EDDY, F. RAYMOND JR. NAME 25 CR 15 STREET ADDRESS 555 W. GRANADA BLVD., SUITE 4B STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32174 CITY-ST-ZIP BUNNELL FL 32110 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing 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 on the 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 on the 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 on the 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 on the 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 on the report is true.

SANFORD MILLER

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

FILED