2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 30, 2008 8:00 am Secretary of State 04-30-2008 90035 037 ***138.75 DOCUMENT # L03000039707 1. Entity Name MOJO HOLDINGS, L.L.C. Principal Place of Business Mailing Address **5051 GREENWAY DRIVE** 5051 GREENWAY DRIVE 60034614 NORTH PORT, FL 34287 NORTH PORT, FL 34287 CR2E083 (12/07) 04212008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OSBORN, MARGIE DO NOT WRITE **5051 GREENWAY DRIVE** NORTH PORT, FL 34287 IN THIS SPACE 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME OSBORN, MARGIE STREET ADDRESS 5051 GREENWAY DRIVE CITY-ST-ZIP NORTH PORT, FL 34287 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

11. Thereby 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.

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

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

FILED