2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE AND TYPED

Jan 23, 2008 8:00 am Secretary of State DOCUMENT # L03000041094 01-23-2008 90022 014 ***138.75 LITHÍA OAKS BUSINESS CENTER, L.L.C. Principal Place of Business Mailing Address 60003213 437 LITHIA PINECREST ROAD 437 LITHIA PINECREST ROAD BRANDON, FL 33511 BRANDON, FL 33511 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 439 Lithia Pinecrest Road 439 Lithia Pinecrest Road Suite, Apt. #, etc. Suite, Apt. #, etc. 01112008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 65-1209122 Not Applicable Zip Country Zip 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 Name MCDERMOTT, MICHAEL J ESQ. 791 W. LUMSDEN RD. Street Address (P.O. Box Number is Not Acceptable) BRANDON, FL 33511 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE Delete TITLE ☐ Addition Channe VACCARO, NATHAN J JR. NAME NAME STREET ADDRESS 152 BARRINGTON DR. STREET ADDRESS BRANDON, FL 33511 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this tiling 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:

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #