2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Aug 17, 2004 8:00 am Secretary of State **DOCUMENT # L03000047213** 08-17-2004 90045 024 ****50.00 Entity Name DESAI DEVELOPMENT, L.L.C. Principal Place of Business Mailing Address 24080017 9111 PHILLIPS GROVE TERRACE 9111 PHILLIPS GROVE TERRACE ORLANDO, FL 32836 ORLANDO, FL 32836 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08102004 CR2E083 (10/03) Chg-LLC City & State 4. FEI Number Applied For City & State Not Applicable Zip Country \$5.00 Additional Country Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DESAI, VINCENT V Street Address (P.O. Box Number is Not Acceptable) 9111 PHILLIPS GROVE TERRACE ORLANDO, FL 32836 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) Make check payable to Filing Fee is \$50.00 Due by September 8, 2004 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM Change MCRM ☐ Addition TITLE ☐ Defete TITLE DESAI VENTURES, LLC DESAI, VINCENT V NAME NAME serve Terrace ani brillias 9111 PHILLIPS GROVE TERRACE STREET ADDRESS STREET ADDRESS ORLANDO, FL 32836 CITY-ST-ZIP 32836 CITY-ST-ZIF oolando-Fl ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 oats; 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.

CITY-ST-ZIP

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

STREET ADDRESS CITY-ST-ZIP

104

407-230-6753

FILED