2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)-- -

Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # L03000047552** 03-12-2004 90228 049 ****50.00 1. Entity Name **BUNKER HILL A-1 LLC** Principal Place of Business Mailing Address 34002678 1051 S, HIGHLAND STR. PO BOX 782 **MOUNT DORA FL 32757 EUSTIS FL 32726** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E083 (11/03) MOORE City & State City & State 4. FEI Number Applied For 56-242 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RADA, GEORGE --1051 S HIGHLAND STR. "Street Address (P.O. Box Number is Not Acceptable) ----MOUNT DORA FL 32757 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Change Addition TITLE MGR ☐ Oelete NAME RADA, GEORGE - -NAME STREET ADDRESS STREET ADDRESS 1051 S. HIGHLAND STR. CITY-ST-ZIP MT.DORA FL 32757 CITY-ST-7IP Delete nne ☐ Change ☐ Addition TITLE 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-TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling 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 cath; 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.

FILED