2005 LIMITED LIABILITY COMPANY FILED_ ANNUAL REPORT (AR) Sep 06, 2005 08:00 AM Secretary of State DOCUMENT # L03000055668 1. Entity Name MARK B. ADAMS, LLC Mailing Address Principal Place of Business 9288 SW RACCOON TRAIL 9288 SW RACCOON TRAIL ARCADIA FL 34266 US ARCADIA FL 34266 LIS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #. etc. 2nd MOORE CR2E083 (5/05) Applied For City & State City & State 4. FEI Number 20-0511346 Not Applicable Ζιp Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ADAMS, MARK B 9288 SW RACCOON TRAIL Street Address (P.O. Box Number is Not Acceptable) AECADIA FL 34266 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. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR ☐ Change Addition Trible Delete MILE ADAMS, MARK B NAME NAME 9288 SW RACCOON TRAIL STREET ADDRESS STREET ADDRESS ARCADIA FL 34266 CHY-ST-ZP CHY-SI ZIP Addition ☐ Change THLE ☐ Delete DIFE NAME MAME 09/09/05-80005-001 55.00 STREET AODRESS CIRCET ADDRESS JIY SI-ZF CITY- ST-ZIP THUE Delete THE ☐ Change Addition NAME STREET ADDRESS JUNETADDRESS CHY-SE-ZIP CITY-SE-ZIE Change ☐ Addition me Delete NAME NAMI STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-7P ☐ Addition ☐ Change ime Delete HILE MAME NAME HIREFT ADDRESS STREET ADDRESS Cliv-Si-7P CITY-SI-ZIP MIE ☐ Delete BHE ☐ Change Addition

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 it made under oath, that I am a managing member or manager of the imited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

OTY-ST-7P

HAME THEFT ADDRESS

SIGNATURE:

STREET ADDRESS CELV+S1 - ZIP

3 Adms