2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

May 11, 2006 8:00 am Secretary of State DOCUMENT # L04000007288 1. Entity Name 05-11-2006 90019 040 ***150.00 SECOND OF JUNE LLC Principal Place of Business Mailing Address 5750 COLLINS AVENUE WILLIAM CESARE 1655 HENDRY ISLES BOULEVARD MIAMI BEACH FL 33140 CLEWISTON FL 33440 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEt Number 37-1510026 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 SACHER, ZELMAN, ET.AL. Street Address (P.O. Box Number is Not Acceptable) 1401 BRICKELL AVE SUITE 700 **MIAMI FL 33131** 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 or registered agent and title if applicable (NOTE Registered Agent signature required what reinstating DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM ☐ Delete ☐ Change ☐ Addition NAME CESARE, WILLIAM NAME STREET ADDRESS 1655 HENDRY ISLES BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEWISTON FL 33440 TITLE Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ 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-7IP TITLE ☐ Delete Change ☐ Addition TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-11-06

FILED