2008 LIMITED LIABILITY COMPANY

Feb 11, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L04000008797** 02-11-2008 90137 044 ***138.75 1. Entity Name ME, LLC Principal Place of Business Mailing Address OUUVINUM 100 COLONIAL CENTER PARKWAY 100 COLONIAL CENTER PARKWAY SUITE 100 **SUITE 100** LAKE MARY, FL 32746 LAKE MARY, FL 32746 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012008 CR2E083 (12/06) Chg-LLC Applied For 4. FEL Number City & State City & State **NOT APPLICABLE** Not Applicable \$5.00 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent ERICKSON, MARK 100 Colonial Center Park Street Address (P.O. Box Number is Not Acceptable) 4925 RED BRICK RUN SANFORD, FL 32771 Suite 100 Lake Mary, FL 32746 FL 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 1 FILE NOW!!! FEE IS \$138.75 Florida Department of State After May 1, 2008 Fee will be \$538.75 A CHEST OF THE PARK ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. TITLE ☐ Addition ☐ Delete III) F ERICKSON, MARK NAME 4925 RED BRICKRUM 100 Colonial Center STREET ADDRESS STREET ADDRESS SANFORD EL 32771-CITY-ST-ZIP Parkway CITY-ST-ZIP Suite 100 | Delete TITLE ☐ Change ☐ Addition TITLE Lake Mary, FL NAME STREET ADDRESS STREET ADDRESS 32746 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7(P ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing 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.

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

FILED

Daytime Phone #