2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L04000009760 1. Entity Name FLAT WATER VENTURES, LLC 06 NOV 29 AM 10: 25 Principal Place of Business Mailing Address **508 FIRST AVENUE SOUTH** 508 FIRST AVENUE SOUTH TIERRA VERDE, FL 33715 TIERRA VERDE, FL 33715 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 11222006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 51-0497123 Not Applicable Zip Country 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 DOWN TIME VENTURES, LLC Street Address (P.O. Box Number is Not Acceptable) **508 1ST AVE S** TIERRA VERDE, FL 33715 City Zip Code FL 8. The above named entity submits his 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 register SIGNATURE Make check payable to Amended AR is \$50.00 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM MGRM TITLE Addition TITLE ☐ Delete ZAK Ventures, LLC DOWN TIME VENTURES, LLC NAME NAME 508 FIRST AVENUE SOUTH STREET ADDRESS STREET ADDRESS 130 7th St E CITY-ST-ZIP TIERRA VERDE, FL 33715 CITY-ST-ZIP MGRM Change ☐ Addition TITLE Delete TITLE BUSBY, GEORGE A NAME NAME 30008214769 STREET ADDRESS 130 7TH ST E STREET ADDRESS 11/29/06--01055--009 TIERRA VERDE, FL 33715 CITY-ST-ZIP CITY-ST-ZIF TITLE MGRM Delete TITLE ☐ Change ☐ Addition BUSBY, KATHLEEN NAME NAME STREET ADDRESS 130 7TH ST E STREET ADDRESS CITY-ST-ZIP TIERRA VERDE, FL 33715 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filipy 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 sustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE