2005 LIMITED LIABILITY COMPANY

Apr 13, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L04000011792** 04-13-2005 90218 029 ****50 00 1. Entity Name MODRATECH LLC Principal Place of Business Mailing Address 10132 HEATHER SOUND DRIVE 10132 HEATHER SOUND DRIVE TAMPA, FL 33647 US TAMPA, FL 33647 US 2. Principal Place of Business 3. Mailing Address 27020 PALMETTO BEND DRIVE 27020 PALMETTO BEND DELVE Suite, Apt. #, etc. Suite, Apt. #, etc. 01112005 Chg-LLC CR2E083 (10/03) 4. FEI Number 45 - 0635090 Applied For City & State City & State WESLEY CHAPEL WESLEY CHAPEL Not Applicable \$5.00 Additional Zip 23543 5. Certificate of Status Desired 33543 บรค USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ASCOUGH, NANCY J Street Address (P.O. Box Number is Not Acceptable) 10132 HEATHER SOUND DRIVE TAMPA, FL 33647 Zip Code City 8. The above named entity submits the 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 app SIGNATURE contact dide if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TILLE MLE □ Delete ASCOUGH, KEITH J MALIE STREET ADDRESS 10132 HEATHER SOUND DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33647 CITY-ST-ZIP MGRM ☐ Change ☐ Addition □ Delete TITLE TITLE ASCOUGH, ZDENKA P NAME NAME STREET ADDRESS 10132 HEATHER SOUND DRIVE STREET ADDRESS CITY-ST-70P **TAMPA, FL 33647** CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TÜLF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TM F IM F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TM F ☐ Delete TTDE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME MALIF STREET ADDRESS STREET ADDRESS

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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 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.

CITY-ST-ZIP

CITY-ST-ZIP "

813994668 Jan 12-2005. SIGNATURE: ILEITH & ASCOUGH LEUTE OFFICE OF PRINTED HAVE OF BIONING MANAGER, MANAGER, OR AUTHORIZED PREPRESENTATIVE