2005 LIMITED LIABILITY COMPANY

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NAME

STREET ADDRESS

CITY-ST-ZIP

Apr 29, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L04000018252** 04-29-2005 90059 041 ****55.00 1. Entity Name ALBÉNN GROUP LLC MAAATATA Principal Place of Business Mailing Address 3536 UNIVERSITY BLVD. N #251 3536 UNIVERSITY BLVD. N #251 JACKSONVILLE, FL 32277 JACKSONVILLE, FL 32277 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zio 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 BENEFIELD, ALFRED Street Address (P.O. Box Number is Not Acceptable) 3536 UNIVERSITY BLVD. N #251 JACKSONVILLE, FL 32277 City Zip Code 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 arm 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 DATE Fillng Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE TITLE Change Addition ☐ Delete BENEFIELD, ALFRED NAME NAME STREET ADDRESS 3536 UNIVERSITY BLVD, N #251 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32277 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

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MBER, MANAGER, OR AUTHORIZED REPRESENTATIVE PRINTED NAME OF SIGNING MANAGING M Daytime Phone #