2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

STREET ADDRESS

NAME

Jan 18, 2005 8:00 am Secretary of State 01-18-2005 90186 039 ****55.00 **DOCUMENT # L04000021049** RITCHIE PROPERTY INVESTMENT GROUP, LLC 20002612 Principal Place of Business Mailing Address 3231 OLEANDER WAY 3231 OLEANDER WAY LAUDERDALE BY THE SEA, FL 33062 LAUDERDALE BY THE SEA, FL 33062 US US . 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01132005 Chg-LLC CR2E083 (10/03) City & State 4, FEI Number Applied For City & State Not Applicable 20-088/5*6* 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 RITCHIE, DENNIS A Street Address (P.O. Box Number is Not Acceptable) 3231 OLEANDER WAY LAUDERDALE BY THE SEA, FL 33062 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 DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE Change ☐ Addition TITLE ☐ Delete RITCHIE, DENNIS A NAME 3231 OLEANDER WAY STREET ADDRESS STREET ADDRESS LAUDERDALE BY THE SEA, FL 33062 CITY-ST-7IP CITY-ST-ZIP MGRM ☐ Change ☐ Addition TITLE Delete TITLE RITCHIE, LINDA C NAME NAME 3231 OLEANDER WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERDALE BY THE SEA, FL. 33062 CITY-ST-ZIP Delete ☐ Change ☐ Addition 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-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

FILED

Change

Addition

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

NAME STREET ADDRESS

☐ Delete

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