2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Secretary of State **DOCUMENT # L04000023171** 03-09-2005 90008 026 ****50.00 RECHERCHE DU TEMPS PERDU, LLC Principal Place of Business Mailing Address 12480 S.E. 136TH COURT P.O. BOX 104 OCKLAWAHA, FL 32179 OCKLAWAHA, FL 32183-0104 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242005 Chq-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 11-3715342 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JONES, ROD Street Address (P.O. Box Number is Not Acceptable) 300 SOUTH ORANGE AVE., SUITE 1000 ORLANDO, FL 32801 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR XX Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME Rod Jones STREET ADDRESS STREET ADDRESS 300 S. Orange Ave., Suite 1000 CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32801 Defete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME

CITY-ST-ZIP C/TY-ST-ZIP 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 sective or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Rod Jones, Manager

(407) 835-6906

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FILED Mar 09, 2005 8:00 am

Daytime Phone #