2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SIGNATURE:

Apr 23, 2007 8:00 am Secretary of State DOCUMENT # L04000024476 04-23-2007 90359 031 ****50.00 1. Entity Name LORSON ONE, LLC Principal Place of Business Mailing Address 1820 N CORPORATE LAKE BLVD. 1820 N CORPORATE LAKE BLVD. SUITE 206 SUITE 206 WESTON, FL 33326 WESTON, FL 33326 3. Mailing Address 2. Principal Place of Business - No P.O. Box Suite, Apt. #, etc. Suite, Apt. #, etc. 03022007 Chg-LLC CR2E083 (12/06) .T. City & State City & State 4 FEI Number Applied For 65-1222585 Not Applicable Country Zip \$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 LORENZO, JOSE E MR Street Address (P.O. Box Number is Not Acceptable) 833 REGAL COVE RD. WESTON, FL 33327 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Apent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE □ Change ☐ Addition Delete ACECON CONSTRUCTION, CORPORATION NAME NAME 1820 NORTH CORPORATE LAKE BLVD SUITE 206 STREET ADDRESS STREET ADDRESS WESTON, FL 33326 CITY-ST-ZIP CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change Addition L & L CONSULTANTS & INVESTMENT, CORP. NAME NAME STREET ADDRESS 833 REGAL COVE RD. STREET ADDRESS CITY-ST-ZIP WESTON, FL 33327 CITY-ST-ZIP MGRM MGRM TITLE Z Change ☐ Addition TITLE ☐ Delete ERICK LINCON NATE GREENLAND RESOURCES, CORPORATION NAME NAME Suite 206 LAKES BIVO. STREET ADDRESS 1820 NORTH CORPORATE LAKE BLVD SUITE 206 STREET ADDRESS 33324 CITY-ST-ZIP WESTON, FL-33331 CITY-ST-ZIP TIT! F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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