2005 LIMITED LIABILITY COMPANY

May 18, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L04000027893** 04-22-2005 90052 035 ****50.00 1. Entity Name HUMITECH OF TAMPA BAY, LLC Principal Place of Business Mailing Address 20006218 5405 REFLECTIONS BLVD. 5405 REFLECTIONS BLVD. LUTZ, FL 33558 LUTZ, FL 33558 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03182005 Cha-LLC CR2E083 (10/03) 4, FEI Number 47-09416 17 City & State City & State Applied For Not Applicable 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 STEPIC, ROGER Street Address (P.O. Box Number is Not Acceptable) 5405 REFLECTIONS BLVD. LUTZ, FL 33558 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 Agent signature required when renatishing) 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. Vice-Hesident TITLE Delete HTLE Change ☐ Addition Rebeccia W. Strepic NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Delette TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+51-719 CITY-ST-ZIP TITLE ☐ Change Delete TITLE ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP · TITLE Ociete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-71P CITY-ST-712 TITLE ☐ Defete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-BP CITY-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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

4-18-2005