2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 13, 2008 8:00 am Secretary of State DOCUMENT # L04000029786 03-13-2008 90268 032 ***138.75 BABÁ ENTERPRISES, LLC Principal Place of Business Mailing Address 2110 GULF BEACH HIGHWAY 2110 GULF BEACH HIGHWAY 60014419 PENSACOLA, FL 32507 PENSACOLA, FL 32507 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01122008 Chg-LLC -- CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 76-0756108 Not Applicable Ziρ 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 BANDARI, RAVINDER Street Address (P.O. Box Number is Not Acceptable) 2110 GULF BEACH HIGHWAY PENSACOLA, FL 32507 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) FILE NOW!!! FEE 18 \$138:75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR ☐ Change ☐ Addition TITLE ☐ Delete NAME BANDARI, RAVINDER NAME STREET ADDRESS 2110 GULF BEACH HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 32507 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 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

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B RAVINDER (MANON MUMIA) Prin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11. I hereby certify that the information supplied with this filing 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.