2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State **DOCUMENT # L04000031367** 01-11-2007 90133 036 ****50.00 MOLD SCANNERS, LLC Principal Place of Business Mailing Address 3800 SOUTH TAMIAMI TRAIL, STE 208 3800 SOUTH TAMIAMI TRAIL, STE 208 FUUUUUWA SARASOTA, FL 34231 SARASOTA, FL 34231 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 550 Pine Ranch East Rd. Box 474 Suite, Apt. #, etc. Suite, Apt. #, etc. 01052007 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State Fla Ospres Fla 20-0404030 Osprey Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 34229 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARKINS Jerome KILLOREN, TIMOTHY J Street Address (P.O. Box Number is Not Acceptable) 3800 SOUTH TAMIAMI TRAIL, STE 208 SARASOTA, FL 34231 City OSPREY 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 SIGNATURE 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. MGR Delete Addition TITLE ☐ Change MLE KILLOREN, TIMOTHY MAME NAME 3800 SOUTH TAMIAMI TRAIL, STE 208 STREET ADDRESS STREET ADDRESS SARASOTA, FL 34231 CITY-ST-ZIP CITY-ST-ZIP Change MGR ☐ Addition IIILE Detete TITLE HARKINS, JEROME J NAME 550 Pine Ranch East Rd NAME STREET ADDRESS 3800 SOUTH TAMIAMI TRAIL, STE 208 STREET ADDRESS SARASOTA, FL 34231 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete MΠF ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

Jan 11, 2007 8:00 am