2005 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L04000032144

FILED Apr 18, 2005 8:00 am Secretary of State

04-18-2005 90081 003 ****55.00

| City & State MAITLAND, FL 20-1054545 Zip Country 32751 USA 6. Name and Address of Current Registered Agent PERREAULT, DANIEL W 645 HICKMAN CIRCLE SANFORD, FL 32771 City & State MAITLAND, FL 20-1054545 Street Address of Status Desired Name T. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 865 CRESTON DR. | B3 (10/03) April Not \$5.00 Additable Required | plied For t Applicable Itional |
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| Suite, Apt. #, etc. Suite, Apt. #, etc. City & State MAITLAND, FL Zip Country Zip Country 32751 USA 6. Name and Address of Current Registered Agent PERREAULT, DANIEL W 645 HICKMAN CIRCLE SANFORD, FL 32771 Suite, Apt. #, etc. O4112005 Chg-LLC CR2E08: 4. FEI Number 20 - 1054545 Stocentificate of Status Desired Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) | B3 (10/03) April Not \$5.00 Addi Fee Required | plied For t Applicable Itional |
| Suite, Apt. #, etc. Suite, Apt. #, etc. O4112005 Chg-LLC CR2E083 City & State City & State MAITLAND, FL Zip Country Zip Country 32751 U.S.A 5. Certificate of Status Desired Fed. Name and Address of New Registered Agent PERREAULT, DANIEL W 645 HICKMAN CIRCLE SANFORD, FL 32771 Suite, Apt. #, etc. 04112005 Chg-LLC CR2E083 4. FEI Number 20 - 1054545 Stoetificate of Status Desired Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) | \$5.00 Addi Fee Required | t Applicable itional 1 |
| PERREAULT, DANIEL W 645 HICKMAN CIRCLE SANFORD, FL 32771 MAITLAND, FL 20-1054545 Country 32751 U.S.A. 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 865 CRESTON DR. | \$5.00 Addi Fee Required | t Applicable itional 1 |
| Zip 32.75 Country 3.75 Country 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PERREAULT, DANIEL W 645 HICKMAN CIRCLE SANFORD, FL 32771 Street Address (P.O. Box Number is Not Acceptable) 865 CRESTON DR. | Fee Required | |
| PERREAULT, DANIEL W 645 HICKMAN CIRCLE SANFORD, FL 32771 Street Address (P.O. Box Number is Not Acceptable) 865 CRESTON DR. | | |
| PERREAULT, DANIEL W 645 HICKMAN CIRCLE SANFORD, FL 32771 Street Address (P.O. Box Number is Not Acceptable) 865 CRESTON DR. | Zip Code | |
| City MAITLAND FL | | 151 |
| 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 faithe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | |
| Filing Fee is \$50.00 Make check par Due by May 1, 2005 Florida Departmen | | 1 |
| 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES | | |
| TITLE MGR Delete TITLE NAME PERREAULT, PHILIP F STREET ADDRESS CITY-SI-ZIP SANFORD, FL 32771 CITY-SI-ZIP | Change | ☐ Addition |
| TITLE MGR Delete TITLE NAME PERREAULT, DANIEL W STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32771 CITY-S1-ZIP | Change | Addition |
| TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP | Change | ☐ Addition |
| TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | ☐ Change | ☐ Addition |

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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #