2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L04000035179 03-21-2005 90532 016 ****50.00 1. Entity Name PAGÓSA PARTNERS COMMERCIAL, LLC Principal Place of Business Mailing Address 20023035 1717 2ND STREET, SUITE D 1717 2ND STREET, SUITE D SARASOTA, FL 34236 SARASOTA, FL 34236 2. Principal Place of Business 3. Mailing Address 717 200 0 1717 2ND STREET TREET Suite, Apt. #, etc. Sulte, Apt. #, etc. 02102005 SUITE Chg-LLC CR2E083 (10/03) City & State SACASOTA City & State 4. FEI Number Applied For ARASOTA Not Applicable 20-1156822 Zip Country \$5.00 Additional 5. Certificate of Status Desired USA 423 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHENKIN, RONALD R Street Address (P.O. Box Number is Not Acceptable) 1717 2ND STREET, SUITE D SARASOTA FL 34236 City Zip Code FL 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. ted name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating DATE Filing Fee Is \$50.00 Make check payable to Due by May 1, 2005 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE TITLE DIRECTOR Delete ☐ Change Addition NEIL N. MALAMUD NAME NAME 1717 SEROND STREET, SUITE A STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FLORIDA 34236 TITLE Addition ☐ Delete TITLE DIRECTOR Change NAME NAME RONALD R. SHENKIN STREET ADDRESS STREET ADDRESS 1717 SECOND STREET, SUITE D CITY-ST-ZIP CITY-ST-ZIP SARASOTA, FLORIDA 34234 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE Delete TIT! F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE 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 earne 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.

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

FILED Mar 21, 2005 8:00 am

Daytime Phone #