2005 LIMITED LIABILITY COMPANY

Apr 27, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L04000037924** 04-27-2005 90026 038 ****50.00 PHOÉNICIA CLERMONT I, LLC Principal Place of Business Mailing Address 14001563 7594 SAND LAKE RD 7594 SAND LAKE RD ORLANDO, FL 32819 ORLANDO, FL 32819 2. Principal Place of Business 7594 W Savol Lake Rd 3. Mailing Address 7594 W. Sand Lake Rd Suite, Apt. #, etc. Suite, Apt. #, etc. 03292005 Chg-LLC CR2E083 (10/03) City & State Orlando, FL FEI Number 20-1173552 Applied For Orlando, FL Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARB, A. TOM C/O BYBLOS DEVELOPMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 7594 SAND LAKE RD ORLANDO, FL 32819 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE MGRM Change Addition ☐ Delete TITLE Raquel Jebailey 1594 W. SandLake Rd. Orlando, FL 32819 HARBCO DEVELOPMENT, LLC NAME NAME STREET ADDRESS 7594 SAND LAKE RD STREET ADDRESS ORLANDO, FL 32819 CITY-ST-ZIP CITY-ST-ZIP MGPM TITLE ☐ Delete TITLE Addition ☐ Change Cecil Jebailey 7594 w. sandlake Rd NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32819 TITLE ☐ Delete TITLE MGRM ☐ Change Addition Paul Jebailey 1594 w. gandlake Pd. Orlando, FL 32819 NAME 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 ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE Delete Change ☐ Addition 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 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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