2007 LIMITED LIABILITY COMPANY

May 01, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L04000039728** 05-01-2007 90327 039 ****55.00 1. Entity Name VILLÁ RAPHAEL HOLDINGS, LLC Principal Place of Business Mailing Address 2606 SOUTH HORSESHOE DRIVE 2606 SOUTH HORSESHOE DRIVE NAPLES, FL 34104 US NAPLES; FL 34104 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3530 KRAFT ROAD 3530 KRAFT ROAD SUITE 300 SUITE 300 04182007 Chg-LLC CR2E083 (12/06) NAPLES, FL 34105 NAPLES, FL 34105 Спу & этаге 4. FEI Number Applied For "Convictor careage 20-1165953 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEZESHKAN, FRED Street Address (P.O. Box Number is Not Acceptable) 3520 KRAFT ROAD NAPLES, FL 34105 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. Lam familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR ☐ Delete TITLE Change Change ■ Addition TITLE 3530 KRAFT ROAD ZAND, IRAJ J NAME NAME SUITE 300 STREET ADDRESS STREET ADDRESS 2606 SOUTH-HORSESHOE DRIVE NAPLES, FL 34105 CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34104. MACIVOR, THOMAS A ☐ Delete TITLE Change ... ☐ Addition TITLE 3530 KRAFT ROAD NAME MACIVER, THOMAS A SUITE 300 STREET ADDRESS 365 5TH AVE. ST, STE 201-STREET ADDRESS NAPLES, FL 34105 NAPLES, FL 34102 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE MAME 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

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

STREET ADDRESS CITY-ST-78P

FILED