2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

FILED Jul 10, 2007 08:00 AM DOCUMENT # L04000040429 Secretary of State 1. Entity Name 1825 BARNUM AVE B-1, LLC Principal Place of Business Mailing Address 6040 VERDE TRAIL SOUTH P.O. BOX 480416 #302 DELRAY BEACH, FL 33448 US BOCA RATON, FL 33433 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07052007 Cha-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 27-0091954 Not Applicable Zio Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACOBS, DANIEL S 6040 VERDE TRAIL SOUTH Street Address (P.O. Box Number is Not Acceptable) #302 BOCA RATON, FL 33433 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 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 September 14, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR me☐ Delete TIRE Change Addition NAME JACOBS, DANIEL S NAME U00000767562 6040 VERDE TRAIL SOUTH #302 STREET ADDRESS STREET ADDRESS 07/10/07-80009-015 50.00 CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-ZIP MLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Tछा **ह** ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-789 TITLE Delete IIILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Chance 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 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Fiorida 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 mar limited liability company or the receiver or trustee employeed to execute this report as required by Chapter 608. Florida Statutes.

Signing Managing Member, Manager, or authorized representative

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5/2007