2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT FILED Feb 27, 2007 08:00 AM **DOCUMENT # L04000045312 Secretary of State** NAISH AVENUE LLC Principal Place of Business Mailing Address **5965 SOUTH TROPICAL TRAIL 3213 DUKE STREET** MERRITT ISLAND, FL 32952 ALEXANDRIA, VA 22314 02232007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2597324 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILLIAMS, JOHN E ESQ. DO NOT WRITE 5965 SOUTH TROPICAL TRAIL MERRITT ISLAND, FL 32952 IN THIS SPACE 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 May 1, 2007 MANAGING MEMBERS/MANAGERS TITLE MGRM NAME WILLIAMS, JOHN E STREET ADDRESS 3213 DUKE STREET - SUITE 601 CITY-ST-ZIP ALEXANDRIA, VA 22314 U00000650401 03/08/07-80012-007 50.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 it 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.

CITY-ST-ZIP ΠΠF NAME STREET ADDRESS CITY-ST-ZIP

John E. Williams 2/83/67 Managing Member 571243-5077