2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

May 08, 2006 8:00 am Secretary of State DOCUMENT # L04000045408 1. Entity Name 05-08-2006 90038 032 ****55.00 SARIMENTO PLACE, L.L.C. Principal Place of Business Mailing Address 1571 HARRIS CIROLE ATT'N: MR. IGSA TEPLITSKY WINTER PARK FL 32789 1571 HARRIS CIRCLE ATT'N: MR JOOR TEPLITSKY WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address 1155 S.Semoran BLVD 1155 S.Semoran BLVD Suite, Apt. #. etc Ste#1120 Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) Ste#1120 City & State Applied For City & State 4. FEI Number 20-2627506 Winter Park, F1.32792 Winter Park, Fl. 32792 Not Applicable Zip Country Country Zin \$5.00 Additional 5. Certificate of Status Desired 32792 Fee Required **USA**nde 32792 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEFKOWITZ, IVAN M ESQ. Street Address (P.O. Box Number is Not Acceptable) 430 NORTH MILLS AVENUE ORLANDO FL 32803 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. Ham 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) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Delete MGR Change Addition THILE TITLE MGRM TEPLITSKY, IGOR NAME NAME Engineered Homes of Orlando Inc. STREET ADDRESS 1571 HARRIS CIRCLE STREET ADDRESS 1155 S. Semoran BLVD Ste#1120 Winter Park, Fl.32792 CITY-ST-ZIE CITY-ST-7IP WINTER PARK FL 32789 ☐ Change TITLE MGR Delete TITLE Addition NAME TEPLITSKY, LILLIAN NAME STREET ADDRESS STREET ADDRESS 1571 HARRIS CIRCLE CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 exemple this report as required by Chapter 608, Florida Statutes.

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

FILED

Daytime Phone #