2005 LIMITED LIABILITY COMPANY

SIGNATURE

Mar 18, 2005 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # L04000056312** 03-18-2005 90384 002 ****50.00 1. Entity Name PAW HOLDINGS L.L.C. Mailing Address Principal Place of Business 1850 LEE ROAD, SUITE 210 1850 LEE ROAD, SUITE 210 WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business Hazelni Suite, Apt. #, etc 03142005 Chg-LLC CR2E083 (10/03) Applied For 4. FEI Number Not Applicable \$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 GARRETT, MARK W P.O. Box Number is Not Acceptable) 1850 LEE ROAD, SUITE 210 WINTER PARK, FL 32789 the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar 8. The above named entity submits this the obligations of re Vincent Wolle Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. ·MGR **Addition** ☐ Change TITLE Delete TITLE Wolle, Vincent 317 Hazelant Street GARRETT, MARK NAME NAME STREET ADDRESS 1850 LEE ROAD, SUITE 210 STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Detete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7JP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete ☐ Change Addition TITI F тліғ.. -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 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.

MEMBER MANAGER OR AUTHORIZE

FILED