2005 LIMITED LIABILITY COMPANY

Mar 29, 2005 8:00 am Secretary of State ANNUAL REPORT 03-29-2005 90119 046 ****50.00 **DOCUMENT # L04000058099** THUNDERBIRD, LLC 20025105 Principal Place of Business Mailing Address 3131 S.E. ST. LUCIE BLVD. 3131 S.E. ST. LUCIE BLVD. STUART, FL 34997 STUART, FL 34997 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. 03092005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 27-0109051 Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMALL, DANA Street Address (P.O. Box Number is Not Acceptable) 3131 S.E. ST. LUCIE:BLVD. STUART, FL 34997 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE TITLE Delete ☐ Change ■ Addition SMALL, DANA NAME STREET ADDRESS STREET ADDRESS 3131 S.E. ST. LUCIE BLVD. CITY-ST-ZIP STUART, FL 34997 CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition 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.

FILED

Daytime Phone #