2005 LIMITED LIABILITY COMPANY

Jan 13, 2005 8:00 am **Secretary of State ANNUAL REPORT** 01-13-2005 90015 015 ****50.00 **DOCUMENT # L04000060714** CERTUS DEVELOPMENT, LLC Principal Place of Business Mailing Address 20001722 300 INTERNATIONAL PARKWAY, STE. 190 300 INTERNATIONAL PARKWAY, STE. 190 HEATHROW, FL 32746 HEATHROW, FL 32746 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 Chq-LLC CR2E083 (10/03) 4. FEI Number Applied For City & State City & State 20-1515429 Not Applicable Zip Country Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent * -6.- Name and Address of Current Registered Agent Name PAWLOWSKI, GLEN J Street Address (P.O. Box Number is Not Acceptable) 300 INTERNATIONAL PARKWAY, STE. 190 HEATHROW, FL 32746 City Zip Code 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 re SIGNATURE Make check payable to Filing Fee is \$50.00. Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGAM TITLE TITLE Change **Addition** PAWLOWSKI, GLENJ NAME NAME 300 INTERNATIONAL PHUY, SUITE 190 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HEATHROW, FL 32746 ☐ Change Addition TITLE ☐ Delete TITLE OSTLIÉ, DAVID A. 300 INTERNATIONAL PKWY, SLITÉMO 115ATHROW, FL 32746 NAME NAMÉ 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 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Detete TITLE ☐ Change ☐ Addition TITLE 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 exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

signature shall have the same legal effect as if made under oath: that I a ered to execute this report as required by Chapter 608, Florida Statutes.

RINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED