2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT** -

Apr 28, 2005 8:00 am Secretary of State 04-04-2005 90426 044 ***150.00 DOCUMENT # L04000062180 1. Entity Name REAL ESTATE MAINTENANCE LLC 30004960 Principal Place of Business Mailing Address 619 NORTH GRANDVIEW AVENUE 619 NORTH GRANDVIEW AVENUE DAYTONA BEACH, FL 32118 DAYTONA BEACH, FL 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E063 (10/03) 01292005 Chg-LLC Applied For City & State City & State Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATE CREATIONS NETWORK INC. Street Address (P.O. Box Number is Not Acceptable) 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410 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. (NOTE: Registered Agent signature required when renetating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS نور.10 ADDITIONS/CHANGES MGRM TITLE ☐ Change Addition TITLE ☐ Delete MAY, CURT NAME MAJER STREET ADDRESS 619 NORTH GRANDVIEW AVENUE STREET ADDRESS DAYTONA BEACH, FL 32118 CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME MAJOF STREET ADDRESS STREET ADDRESS CHIA-21-YA CITY-ST-ZIP EITh F TITLE _ 🔲 Delete ☐ Change ☐ Addition NAME MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TILLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition IIILE MANU MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3Xi), 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 ceth; 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. MUU na authorized nepresentative

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