2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

Apr 06, 2005 8:00 am Secretary of State 04-06-2005 90023 038 ****50.00 DOCUMENT # L04000066709 1. Entity Name RAND GROUP, LLC 20026963 Principal Place of Business Mailing Address 1447 TANGIER WAY 1447 TANGIER WAY SARASOTA, FL 34239 SARASOTA, FL 34239 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152005 CR2E083 (10/03) Chg-LLC Applied For City & State City & State 4. FEI Number Not Applicable Country Zip -Country :Zip \$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 WAGNER, E. JOHN II Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236 City Zip Code FL 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 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) 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. TITLE TITLE MGRM ☐ Change ☐ Delete NAME NAME Laurence Parry STREET ADDRESS STREET ADDRESS 3701 Bee Ridge Road Sarasota, FL 34233 CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F ☐ Change ■ Addition Delete MGRM NAME NAME Michael Svirsky 7772 Alister Mackenzie STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>Sarasota, El. 34240</u> M6RM Kahoru Watanabe ☐ Change Addition TITLE _ - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 5824 Bee Ridge Road, PMB 318 CITY-ST-ZIF CITY-ST-ZIP Sarasota, FL 34233 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE 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 permits frue and assurate 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.

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED