2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 11, 2005 8:00 am Secretary of State 07-11-2005 90045 040 ****50.00

DOCUMENT # L04000068115

| 1. Entity Name FOX 21 REAL ESTATE GROUP, LLC | | | | | | | 07-11-2005 \$ | 90043 040 |) ******30 | J.00 | |
|--|-----------------------------|---|---|---------------------------|---|---------------------------------------|-------------------------------------|------------------------|-------------------------|---------------------------|--|
| Principal Place | a of Business | | Mailing Address | Mailing Address | | | | | | | |
| Principal Place of Business 3329 WIND CHIME DR | | | 3329 WIND CHIME DE | _ | | | | | | | |
| CLEARWATER | | US | CLEARWATER, FL 33 | | S | | I STEIR BUSEN OFFIR FRUN COI | i 11:12 mei 11:1 | : ::::: | 2E M 1721 | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | Suite, Apr. *, etc. | | | Chg-LLC | CR2E08 | 3 (10/03) | | |
| City & State | | | City & State | City & State | | | 73/272 | | | plied For t Applicable | |
| Zip | | Country | Zip | Country | | 5. Certificate | of Status Desired | | 5.00 Add ee Required | | |
| | 6. Name | and Address of Curren | t Registered Agent | | | 7. Name an | Address of New R | egistered A | gent | | |
| LEGALZOOM NEWADA INIC | | | | Name | | | | | | | |
| LEGALZOOM NEVADA, INC. 44 W. FLAGLER ST. SUITE 675 | | | | Street Addres | | | (P.O. Box Number is Not Acceptable) | | | | |
| MIAMI, FL | 33130 | | | | City | · · · · · · · · · · · · · · · · · · · | | FL | Zip Code | | |
| | named entity | | for the purpose of changing i | ts register | ed office or regist | tered agent, or bo | oth, in the State of Fic | orida. I am fa | miller with, | and accept | |
| SIGNATURE . | Signature, typed o | or printed name of registered age | nt and title if applicable. (NC | TE: Registere | rd Agent elgnature requi | red when reinstating) | | DATE | | | |
| | | | | - | | | å | | 10-5 | | |
| | ing Fee is by Septem | \$50.00 aber 7, 2005 | | | | | Florida | e check pa Departme | | | |
| 9. | | MANAGING MEME | BERS/MANAGERS | 10. | | | ADDITIONS | CHANGES | | | |
| TITLE | MGRM | | Detete | mι | i i | | | | ☐ Change | Addition | |
| NAME Street address | FOX, MAR | CHIME DR | | HAA! | EET ADORESS | | | | | | |
| CITY-ST-ZIP | | ATER, FL 33761 | | | 7-ST-ZIP | | | | | | |
| TITLE | | | ☐ Delete | RTL. | £ | | | | Change | Addition | |
| NAME | 1 | | | NAM | Æ | | | | | | |
| STREET ADORESS | | | | | EET ADORESS | | | | | | |
| C!TY-ST-Z!P | <u> </u> | | | | /-ST-ZIP | | | | <u></u> | | |
| TITLE | | | ☐ Delete | TITL | | | | | Change | Addition | |
| STREET ADDRESS | | | | 1 | EET ADORESS | | | | | | |
| CITY-ST-ZIP | | | | | r-ST-ZPP | | | | | | |
| TITLE | <u> </u> | | □ Đelete | πι | £ | | | | ☐ Change | Addition | |
| NAME | | | | NAA | · ! | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | eet adoress Y-St-Zip | | | | | | |
| TITLE | | | ☐ Delete | TITL | | | | | ☐ Change | Addition | |
| NAME | | | مدد د | NAM | t | | | | | | |
| STREET ADDRESS | | | | STR | EET ADDRESS | | | | | | |
| CiTY-ST-ZIP | | | | CITY | Y-ST-ZIP | | | | | | |
| TITLE | | | ☐ Delete | TITT. | - I | | | | Change | Addition | |
| NAME STREET ADDRESS | | | | NAA Str | IEET ADDRESS | | | | | | |
| CITY-ST-ZIP | | | | | Y-ST-ZIP | | | | | ļ | |
| 11. I hereby | certify that the | information supplied w | ith this filing does not qualify | for the ext | emption stated in | Section 119.07(3 | (i), Florida Statutes. | I further cert | ly that the is | nformation | |
| indicated limited lia | on this reporability compar | t is true and accurate ar ny or the receiver or trus | nd that my signature shall have tee emplowered to execute th | re the sam is report a | ne negal effect as it is required by Cha | i made under od apter 608, Florida | n; mai i am a mana: Statutes. | ying memiliki | rormanage | er or the | |
| i e | | | | | | | J | f ' | | | |
| | | | / Kha | | | | 1/2 x | \sim | 211 | 20 | |
| SIGNAT | ΓURE: | May | 1100 | | | | 1-5-0 | 5 | 63. | 5 <u> </u> | |