2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jul 14, 2005 8:00 am Secrétary of State 07-14-2005 90017 002 ***150.00 **DOCUMENT # L04000071457** 1. Entity Name E-LYSIUM HOLDINGS, LLC 20063449 Mailing Address Principal Place of Business 1761 WEST HILLSBORO BOULEVARD 1761 WEST HILLSBORO BOULEVARD **SUITE 330** SUITE 330 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 2. Principal Place of Business 3. Mailing Address 2717 W. CYPIESS Creek Road Suite, Apt. #, etc Suite, Apt. #, etc. 06302005 Chg-LLC CR2E083 (10/03) Suite 1111 City & State Applied For City & State 4. FEI Number 14-1 50ce Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name James L. Weintraub WEINTRAUB, JAMES L. Street Address (P.O. Box Number is Not Acceptable) 1761 WEST HILLSBORO BOULEVARD SUITE 330 2717 W. Cypress Creek Road DEERFIELD BEACH, FL 33442 CityFt. Landerdale ed 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 8. The above na the obligation Lo egistered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE ☐ Addition THLE Change WEINTRAUB, JAMES L NAME NAME 1761 WEST HILLSBORO BOULEVARD, SUITE 330 STREET ADDRESS STREET ADDRESS DEERFIELD BEACH, FL 33442 CITY-ST-ZIP CITY-ST-ZIP weintraub, James Liek Rod, Suite IIII 2717 West Lypress creek Rod, Suite IIII Ft. Laudendale, FL 33309 TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TifLE ☐ Chance Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST - 7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition 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 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.

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED