2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 04, 2005 8:00 am Secretary of State 02-01-2005 90158 013 ****50.00

| ANNUAL REPORT | | | | | Secretary of State | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------|-------------------|--------------------------------|-----------------------------|------------------------------|
| DOCUMENT 1. Enlity Name 4909 JUNO, LLC | # L04000074 | 133 | | | | 02-01-20 | 05 90158 0 | 13 *** | ** 50.00 |
| 4303 00110, EE0 | . | • | 130 | | | | | | |
| Principal Place of Business 1505 NORTH FLORIDA AVENUE | | Mailing Address | | | 1 | | | Λ. | |
| TAMPA, FL 33601 | AVENUE | P.O. BOX 800 TAMPA, FL 33601 | | | | | 30009 30009 | | (AA) fi) frul |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suita, Apt. #, etc. | | 01032005 | Chg-LLC | CR2E083 | (10/03) | | |
| City & State | | City & State | | | 4. FEI Number 20—2002437 Applied For Noi Applied For | | | | |
| Zip | Country | Zip | Country | | 5. Certificate | of Status Desired | | .00 Add | |
| 6. Nam | e and Address of Current | Registered Agent | Ni Ni | lame | 7. Name end | Address of New I | Registered Age | nt | |
| KASS, MICHAEL 1505 NORTH FLORIDA AVENUE KASS, SHULER, SOLOMON, SPECTOR | | FOYLE | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| TAMPA, FL 33601 | | , | | 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 lamiliar with, and accept the obligations of registered agent. | | | | | | | | | |
| SIGNATURE Signature, typed or printed neme of registered eject and 55s If applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| Signature, typed or printed name of registered egent and 50s it applicable. (NOTE: Registered Agent signs | | | | | i Audes LeasenmanGS | | DATE | | |
| | | 1 | | | | ·. | | | |
| | ls \$50.00 ny 1, 2005 | | | | | | ke check paya la Department | | • |
| Due by Ma | | RS/MANAGERS | 10. | | | Florid | Department | of State | |
| 9. | ny 1, 2005 | RS/MANAGERS | TITLE | | ager _ | ADDITIONS | Department | of State | a ≥ ≥ Addition |
| Due by Ma | ny 1, 2005 | | _ | mess Mic | hael Ka | ADDITIONS | /CHANGES | of State | ≥⊠ Addition |
| 9. TITLE RAME STREET ADDRESS | ny 1, 2005 | | TITLE HAME STREET AD | mess Mic | hael Ka | ADDITIONS SS | Department CHANGES Tampa | of State | ≥⊠ Addition |
| 9. TITLE | ny 1, 2005 | Delete | TITLE HAME STREET AD CITY-ST-2 | DORESS Mic 28 1505 | hael Ka | ADDITIONS SS | Department CHANGES Tampa | Of State | >⊠ Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | ny 1, 2005 | Delete | TITLE HAME STREET AD CITY-ST-2 TITLE HAME STREET AD | DORESS Mic 28 1505 | hael Ka | ADDITIONS SS | A Department CHANGES Tampa | Of State | >⊠ Addition |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | ny 1, 2005 | ☐ Delete | TITLE HAME STREET AD CITY-ST-2 TITLE HAME STREET AD CITY-ST-2 TITLE | DORESS Mic 1505 DORESS 7P | hael Ka | ADDITIONS SS | A Department CHANGES Tampa | Change FL33 Change | Addition 3602 □ Addition |
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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 report is true and accurate and that my signature shall have the same legal offect as if made under eath; 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.

SIGNATURE: Weller Hand of BIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE SEC Coydine Priors