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

Apr 25, 2008 8:00 am Secretary of State 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # L04000074903** 04-25-2008 90020 050 ***138.75 AVANTI GROVES, L.L.C. Principal Place of Business Mailing Address PARTORA 3052 UNIVERSITY PARKWAY 3052 UNIVERSITY PARKWAY SARASOTA, FL 34243 SARASOTA, FL 34243 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3054 UNIVERSITY PARKWAY 3054 UNIVERSITY PARKWAY Suite, Apt. #, etc. Suite, Apt. #, etc. 04212008 CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-1762242 SARASOTA, FI SARASOTA, FL Not Applicable Zip Zip Country \$5.00 Additional 5. Certificate of Status Desired 34243 U.S. 34243 U.S 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CURCI, JUAN C CURCI, JUAN C 3052 UNIVERSITY PARKWAY Street Address (P.O. Box Number is Not Acceptable) 3054 UNIVERSITY PARKWAY SARASOTA, FL 34243 City SARASOTA, FL Zip Code 34243 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 ager FILE NOW!!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR ☐ Delete MGRM TITLE Addition CURCI, JUAN C NAME NAME CURCI, JUAN C STREET ADDRESS 3052 UNIVERSITY PARKWAY 3054 UNIVERSITY PARKWAY STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 SARASOTA, FL 34243 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Channe ★ Addition **MGRM** NAME NAME CURCI, MIGUEL A STREET ADDRESS STREET ADDRESS 3054 UNIVERSITY PARKWAY CITY-ST-72P CITY-ST-ZIP SARASOTA, FL 34243 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my eightful 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 requirer of trisspectation to execute this report as required by Chapter 608, Florida Statutes.