2006 LIMITED LIABILITY COMPANY

May 01, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L04000080049** 05-01-2006 90063 038 ****50.00 AEF DEVELOPMENT, LLC Principal Place of Business Mailing Address 1461 KINETIC ROAD 1461 KINETIC ROAD LAKE PARK, FL 33403 LAKE PARK, FL 33403 2. Principal Place of Business 3. Mailing Address Suite, Ant. # etc. Suite, Apt. #, etc. 01172006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-1763572 Not Applicable Zip Country Zip Country \$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 Name AHRENS, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1461 KINETIC ROAD LAKE PARK, FL 33403 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 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) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Oelete TITLE Change Addition AHRENS, RICHARD C NAME NAME STREET ADDRESS 1461 KINETIC ROAD STREET ADDRESS CITY-ST-ZIP LAKE PARK, FL 33403 CITY-ST-ZIP MGR Delete TITLE TITLE Change ☐ Addition AHRENS, BARBARA M NAME NAME STREET ADDRESS 1461 KINETIC ROAD STREET ADDRESS CITY-ST-ZIP LAKE PARK, FL 33403 CITY-ST-ZIP MGR Delete ☐ Addition TITLE TITLE ☐ Change ESTES, TOI NAME NAME STREET ADDRESS 1461 KINETIC ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKE PARK, FL 33403 ☐ Delete ☐ Addition TITLE MGR TITLE ☐ Change NAME FRANDEVCO, LLC NAME STREET ADDRESS 1461 KINETIC ROAD STREET ADDRESS CITY-ST-ZIP LAKE PARK, FL 33403 CITY - ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME

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 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.

Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE E AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

> Date Daytime Phone #

□ Change

☐ Addition

FILED