2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Feb 28, 2005 8:00 am Secretary of State

02-28-2005 90047 038 ****50.00 DOCUMENT # L04000084953 THORNFORCE, LLC Principal Place of Business Mailing Address 20016313 11004 SOUTHWEST 122 PLACE 11004 SOUTHWEST 122 PLACE MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212005 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 1106828 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Ageni 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR MIAMI, FL 33145 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 familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR ☐ Delete TITLE Change ☐ Addition THORNTON, VINCENT G NAME NAME 11004 SOUTHWEST 122 PLACE STREET ADDRESS STREET ADDRESS MIAMI, FL 33186 CITY-ST-7IP CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition THORNTON, BERNADINE K NAME NAME STREET ADDRESS 11004 SOUTHWEST 122 PLACE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP TITLE Delete Change ☐ Addition THORNTON, BERNADINE K NAME NAME STREET ADDRESS 11004 SOUTHWEST 122 PLACE STREET ADDRESS CITY-ST-7IP MIAMI, FL 33186 CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete THORNTON, VINCENT G NAME NASIF 11004 SOUTHWEST 122 PLACE STREET ADDRESS STREET ADDRESS MIAMI, FL 33186 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TME NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-79P ☐ Change Addition Delete TITLE TITLE 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 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

INCOUT G. THORNTON SIGNATURE: 🛆 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE