2005 LIMITED LIABILITY COMPANY

May 02, 2005 8:00 am Secretary of State ANNUAL REPORT 05-02-2005 90101 047 ****50.00 **DOCUMENT # L04000088894** 1. Entity Name BERWYN IMPORTS AND TRADING LLC Principal Place of Business Mailing Address 20052154 3615 ACAPULCO DRIVE 3615 ACAPULCO DRIVE MIRAMAR, FL 33023 MIRAMAR, FL 33023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable \$5.00 Additional Zip Country Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NATHAN, DARNEL Street Address (P.O. Box Number is Not Acceptable) 3615 ACAPULCO DRIVE MIRAMAR, FL 33023 Zip Code City 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) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR ☐ Chance ☐ Addition TITLE : ☐ Delete TITLE NATHAN, DONOVANS NAME NAME : STREET ADDRESS 3615 ACAPULCO DRIVE STREET ADDRESS MIRAMAR, FL 33023 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NATHAN, DARNEL NAME STREET ADDRESS 3615 ACAPULCO DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIRAMAR, FL 33023 ☐ Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITI F TITLE NAME NAME \$TREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

Daytime Phone #

NATHAN MANAGOR DARNEL

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

SIGNATURE: