2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT

Secretary of State DOCUMENT # L04000091015 02-22-2007 90275 037 ****50.00 DSI MANAGEMENT, LLC Principal Place of Business Mailing Address E0017514 1095 WEST MORSE BOULEVARD 1095 WEST MORSE BOULEVARD WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142007 CR2E083 (12/06) City & State City & State 4 FEI Number Applied For 20-1981251 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 Kenneth Schultz NEUKAMM, MICHÁEL E Street Address (P.O. Box Number is Not Acceptable) 1095 W. Morse Blvd. C/O GRAYROBINSON, P.A. 301 E. PINE STREET, SUITE 1400 WINTER PARK, FL 32789 Zip Code Winter Park 32789 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. (NOTE Registered Agent signature required when reinstating) printed name of registered agent and title if applicable Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE ☐ Change Addition ☐ Delete COMMUNITY SUPPORTS, INC. NAME NAME 1095 WEST MORSE BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition 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 fustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

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

STREET ADORESS

CITY-ST-ZIP

02/14/07

(407) 645-3211 x135

FILED Feb 22, 2007 8:00 am

Daytime Phone #